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ABSTRACT

The health care industry in the United States has undergone tremendous change. Health care providers must view their health care delivery organizations as businesses and must use the tools of business, including marketing. Most research on health care marketing has focused on the practices of large, urban facilities. Little work has been accomplished on the marketing attitudes, perceptions, or abilities of rural health care practitioners. To examine these issues, questionnaires were mailed to health care practitioners in North Dakota and northwestern Minnesota. Responses from 1,049 physicians, health organization board members, directors of nursing, health administrators, public health officials, and other health care providers revealed that: (1) marketing was considered an important activity in the profession and respondents desired more marketing education services; (2) health care personnel held a narrow view that marketing was salesmanship; (3) marketing resulted in a more positive response to patients and increased patient satisfaction; (4) rural patients were shortchanged when urban organizations took over local health facilities; and (5) females held a more positive image of marketing than did males. These findings suggest the need to make marketing and marketing education available to health care personnel. (The questionnaire and respondent comments are appended.) (Author/NB)

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Bureau of Business and Economic Research
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North Dakota Economic Studies, Number 46

HEALTH CARE MARKETING: OPINIONS OF PROVIDERS

by

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Spring, 1987

OPINIONS OF AREA HEALTH CARE PROVIDERS TOWARDS MARKETING PRACTICES

by

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ABSTRACT

A mail survey resulted in responses from 1049 health care providers. These responses indicated that:

1. in the opinion of health care providers, marketing is an important activity in their profession and they desire more marketing education services

2. the perception health care personnel have of marketing is a narrow view that marketing is salesmanship

3. marketing results in a more positive response to patients and increases patient satisfaction

4. rural patients are shortchanged when marketing allows urban organizations to take over local health facilities

5. females entertain a more positive image of marketing than do males

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CHAPTER 1

INTRODUCTION

Statement of the Problem

In the past decade the health care industry in the United States has undergone tremendous change. Improvements in medicine combined with drastic changes in medical legislation and regulation have impacted on health care providers at all levels. Some of the more significant results of this impact have evolved in the form of HMO's (Health Maintenance Organizations), spending formulas tied to DRG's (Diagnostic Related Groups) and an overall decline in the number of hospitals in operation. Many prognosticators have responded that the healthcare industry is a result of overcapacity in the "number of beds" and the competitive marketplace is simply reacting appropriately to an oversupply of physicians. Others, particularly in rural health care see an outmigration by patients and practitioners toward the urban areas.

In the midst of these changes, health care providers at all levels recognized that they could no longer view their health care delivery organizations from the point of "How many and what type of beds do you have?" Rather the organization had to be viewed as a business, and the total spectrum of business tools including marketing had to be utilized in the organization. Dentists as a group of health care providers were probably the first to realize a change in market conditions. They responded with a variety of marketing practices including heavy promotion and changes in pricing strategy. More recently, hospitals have also utilized managerial planning tools with a particular emphasis on marketing.

In the early stages of this change within the health industry, not all of the marketing activity was appropriate. Marketing was often viewed solely as advertising, and its use sometimes resulted in wasted effort. Today , however, most health care organizations have accepted the fact that marketing encompasses a variety of activities in addition to advertising.

As the urban hospitals have expanded the use of marketing tools to improve their perceived status and increased the utilization of their facilities, small rural hospitals became increasingly worried about the future. The attraction of the large urban hospitals often came from a wider range of specialties and services linked with strong marketing and advertising to convey the availability and accessibility of these services. The concept fostered in the minds of the consumers by these urban hospitals was that of "bigger is better." In part, as a result of marketing efforts by urban hospitals, smaller hospitals lost market share across the nation as consumers were drawn to the larger urban facilities.

In defense, rural facilities also were forced in many instances to utilize marketing. However, small rural health organizations often do not have the marketing resources and capabilities of their larger competitors. As a result, larger, --most often, urban-- facilities have roughly a five year lead in marketing effectiveness over their smaller, more rural counterparts. The smaller facilities are now in a "floundering phase" that was experienced by the larger health care providers several years ago. The floundering comes about from the fact that in most instances the rural facilities are unclear about the role and status that marketing should play in their organizations. The range in their attitude towards the use and value of marketing extends from very positive to very negative.

Most of the research to date on health care marketing has focused on the practices of the larger, urban facilities. Little work has been accomplished on the marketing attitudes, perceptions or abilities of rural health care practitioners related to the utilization of this business tool. Evidence suggests that it is possible to identify the attitudes that health care personnel have towards marketing. Upon identification of these attitudes, differences between perception and reality which contribute to discord could be ameliorated to insure a more effective utilization of marketing tools.

Objectives of the Study

1. To determine level of understanding of health care providers about marketing issues, opportunities, tools and techniques.

2. To compare and contrast the attitudes of various health care provider groups concerning the opportunities for utilization of marketing.

3. To make recommendations to improve the utilization of marketing in rural health care organizations.

4. To assess the relative importance accorded to selected business activities by health care personnel.

Definition of Terms

1. Administrator - an individual who works at the direction of the Board of Trustees to carry out the specific functional activity of the organization.[1]

2. Advertising - is the nonpersonal communication of information usually paid and persuasive in nature about products, services, or ideas by identified sponsors through the various media.[2]

3. Clinic - a physical site that provides office space for several physicians who are organized to serve patients through their comparative efforts.[3]

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[1] Howard S. Rowland and Beatrice L. Rowland, ads. Hospital Management - A Guide to Departments, (Rockville, MD: Aspen Systems Corporation, 1984), p. 84

[2] Courtland L. Bovee and William F. Arens, Contemporary Advertising, (Homewoood, Illinois: Irwin Publishing, 1986), p. 5.

[3] Rowland, Hospital Management, p. 85.

4. Clinic Board - See Hospital Board definition.

5. Director of Nursing (DON) - is considered an administrative position requiring a bacculaureate degree in nursing and licensure by the State Board of Nursing. Typical job duties include setting departmental objectives, administering policy, preparing and monitoring budgets, and selecting/recommending/appointing nursing staff.[4]

6. Diagnostic Related Groups (DRG) - a technique of hospital reimbursement that essentially converts the hospital billing and reimbursement method to one based on the patient's diagnosis.[5]

7. Group Practice Prepayment Plan (GPPP) - In general, members of group practice prepayment plans pay a regular premium to the plan. In return, the members receive the health services the plan provides, whenever needed, without additional changes. Many prepayment plans have made arrangements with Medicare to receive direct payment for services they furnish which are covered by SMI.[6]

8. Health Maintenance Organization (HMO) - some group practice prepayment plans also provide many inpatient services, and therefore have contracts with Medicare as Health Maintenance Organizations which allows them to receive direct payment for services covered by hosptial insurance and supplementary medical inservice.[7]

9. Hospital - an institution where the sick or injured receive medical or surgical care.[8]

10. Hospital Board - also referred to as Board of Trustees, has 3 primary responsibilities: (1) the formal and legal responsibility for controlling the hospital and assuring the community that the hospital works properly, (2) the responsibility to see that the hospital gains support from its community and (3) the responsibility of ensuring that the board of trustees is accountable to the citizens and to the community it serves.[9]

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[4] Ibid, p. 85.

[5] James T. Ziegenfuss, Jr., DRGs and Hospital Impact (New York: McGraw-Hill Inc., 1985), p. 85.

[6] Rowland, Hospital Management, p. 441.

[7] Ibid, p. 442

[8] Henry B. Woolf, ed., The Merrian - Webster Dictionary (New York, New York: Simon & Schuster, 1974), p. 341

[9] Rowland, Hospital Management, p. 3.

11. Marketing - the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives.[10]

12. Medical Staff - qualified medical personnel responsible for the quality of all medical care provided to patients and for the ethical conduct and professional practices of individual physicians.[11]

13. Opinions - a belief stronger than impression and less strong than positive knowledge.[12]

14. Physicians - a doctor of medicine.[13]

15. Supplementary Medical Insurance (SMI) - SMI (also known as Part B) is a voluntary insurance program which provides insurance benefits for physician and other medical services in accordance with the provision of Title XVIII of the Social Security Act for aged and disabled individuals who elect to enroll under such a program. The program is financed from premium payments by enrollees, together with contributions from funds appropriated by the Federal Government.[14]

Hypotheses

The general prediction for this study was that differences would exist among the attitudes of health care providers toward the use of business activities and marketing techniques in their field. The providers were categorized as physicians, nurses, directors of nursing, administrators (clinics, hospitals, long term care facilities), board members (hospitals, clinics), public health employees and other support personnel.

In evaluating this prediction it was hypothesized that:

1. There are differences between the opinions/perceptions of the various health care provider groups with regard to the understanding and awareness of

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[10] Marketing News, 19 (March 1, 1985), p. 1.

[11] Rowland, Hospital Management, p. 91.

[12] Woolf, The Merriam - Webster Dictionary, p. 491.

[13] Ibid, p. 524.

[14] Rowland, Hospital Management, p. 445.

marketing use in health care by each of the following items: position, length of time in field, education, sex and community size.

2. There are differences in importance (ranking) attributed to business activities by health care providers based on each of the following: position, length of time in field, education, sex and community size.

CHAPTER 2

BACKGROUND

As health care providers look at their position in the health care delivery system in the 1990's and beyond, many challenges are on the horizon. In particular, the change in philosophy toward a more competitive model among and between providers has accelerated changes in the health care marketplace. An overabundance of selected providers, a shortage of providers in other areas, and an abundance of overcapacity in health care facilities and programs has caused significant changes in the health care marketplace. As a means to enhance operation, hospitals, clinics and other provider organizations began to utilize business tools in the late 1970's and early 1980's. First to adopt such practices were facilities in urban areas, with the incorporation of managerial processes, financial planning and marketing in their organizations. The business tool which has caused the greatest impact and recieved the most attention by provider groups has been marketing. There is concurrently significant misunderstanding of marketing and its abilities resulting in the misuse of marketing techniques in the marketplace by health care providers.

Marketing Defined

People from a non-marketing background often define marketing in such terms as advertising, selling, retailing or merchandising. From a professional perspective marketing is certainly those items but also involves much more.

Noted authority Philip Kotler defines marketing in the following manner:

> Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target markets' needs and desires, and on using effective pricing, communication, and distribution to inform, motivate and service markets.[15]

Given this broader, more appropriate perspective, health care marketers face a significant number of challenges as they look towards the future. Kotler as a predictor both for general marketing and health care marketing change, claims that health care administrators must learn to manage the revolution of hospital management in the future. Specifically Kotler challenges them by stating that hospitals:

1. be much more sensitive and knowledgeable about community health needs.
2. abandon the attempt to be all things to all people and seek differentiated niches in the market. Each hospital serving a community will focus on providing those services which are most needed and/or which are competitively viable.
3. will be quicker to drop services and programs in which they have no competitive advantage or distinctiveness to offer.
4. be more capable in developing and launching successful new services.
5. will create more effective systems of distributing and delivering their services.
6. develop more creative pricing approaches.
7. will create more patient, doctor and nurse satisfaction.[16]

In spite of the many changes in the health care marketplace, there is still much room for growth. Not all health care providers have accepted business tools

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[15] Philip Kotler, Marketing for Nonprofit Organizations,(Englewood Cliffs, New Jersey: Prentice-Hall, Inc. 1982) p. 6.

[16] Ibid. p.20.

(particularly marketing) with open arms. As McMillan states in his book Marketing Your Hospital-A Strategy for Survival, there are many prejudices against the use of marketing. After one educational session seminar for health care practitioners, McMillan indicates that he was verbally attacked by the spouse of one physician with the following:

- How dare you equate the practice of medicine to business.....
- You commercial people are trying to interfere with the sacred trust that exists between a doctor and the patient.....
- My husband studied for twelve years so he could tell patients.....
- You owe the doctors an apology for suggesting they need to listen to consumers: society should be listening to them.....[17]

Marketing Attitude

Most health care organizations in the past few years have moved beyond the negativism associated with marketing. However, once the negative perceptions of marketing were overcome it seemed that the health care industry rather quickly "jumped on" the "bandwagon" of promotion as the only marketing tool. Across the country, advertising budgets increased by multiple hundreds of percents within months. "Hard sell" efforts were used to attract potential consumers. These efforts did not last very long since organizations soon realized that a hard sell approach would not solve the organization's marketing problems.

As Costello indicates in his recent Health Care Marketing Report article entitled "Marketing: It's More Than Promotion" the industry continues to be involved in the process of change. Marketers of health care lines and products are being encouraged to utilize the entire spectrum of the marketing mix to service customer needs and wants. As a result, the four P's of the Marketing Mix

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[17] Norman H. McMillan, Marketing Your Hospital- A Strategy for Survival, (Chicago, Illinois: American Hospital Association, 1981),p.5.

(Product, Price, Promotion and Place) are finally being considered as critical elements in health care marketing plans.[18] Along with the marketing mix, critical issues of positioning and nichemanship are also being considered. From Kotler's challenge in the early 1980's the industry has progressed substantially. There continues to be considerable work required, however, in altering the perceptions of marketing among health care providers. Rather than surging ahead there seems to be an attitude of re-evaluation of marketing as a health care business tool. For example, the cover story of the June, 1986 Hospitals magazine was entitled "Hospitals Call a Marketing Time-Out". The emphasis of the article was not that health care providers were discontinuing marketing activity, but rather taking time to fully evaluate the results of the activity. In too many organizations the emphasis seemed to be on marketing tactics as opposed to marketing strategy. The taking of time to "stop and catch their breath" does not mean a return to old ways but rather a review of the most effective strategies. The change according to Hospitals was brought on by two factors:

- The system's general advertising did not identify which customers wanted what services.
- There's no easy way to measure the effectiveness of general advertising.[19]

Even the definitions of marketing are changing as a result. Five years ago most health care practitioners would have said marketing is advertising or selling. Today, their definition and understanding take on a much more professional tone. For example, a number of practitioners were asked to define marketing for the Hospitals article. Typical definitions were as follows:

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[18] Michael M. Costello,, "Marketing:It's More Than Promotion," Healthcare Marketing Report. Vol.3 No. 3.(March, 1985): p. 10.

[19] Hospitals Call A Marketing Time-Out" Hospitals (June 5, 1986) pp. 50 -55.

"It's finding out what the customer wants and giving him more of it" - Kaylor Shemberger, administrator of the 120 bed Chandler(AZ) Community Hospital.

"Marketing is managing the process of exchange." -James Oliverson, administrator of the 30 bed Mission Valley Hospital, St. Ignatius, MT.

"Marketing includes a full continuum (of steps) - from formulating an idea for your product line, to assessing your product, conducting marketing research, and selling and distributing your product line to your ultimate consumer" -Sandy Carson, administrator of the 305 bed Lutheran Medical Center, Omaha, NE.

".....a state of being - a recognition that the business you are in is driven by the market. It is a total institutional preparedness to deliver services based on knowledge of the market's needs or demands." - Michael Merson, president and CEO of the 461 bed Franklin Square Hospital Center, Baltimore.[20]

The trend as noted in the practitioner definitions is considerably different from the comments of the physician's spouse as noted in the AHA handbook. Such a theme continues to permeate most health care marketing resources. Traditionally, the leader groups have been in the larger organizations. However, as noted in the definitions, providers in the small to large bed hospitals all have a similar theme.

Rural Reaction/Strategy

Rural facilities have been somewhat reactionary to this influx of marketing ideas and practices. Unlike larger health care delivery organizations with multiple layers of staffs and support personnel, small facilities rely solely in many instances on the administrator for coordinating all business activity. As a result, the administrator who appreciates the need to integrate marketing within the organization often does not have the time, personnel or perhaps skill to undertake marketing activity. Although changes are occurring in rural facili-

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[20] Ibid, p. 55.

ties, Weiss and Phillips in the book Management Issues of Rural Hospitals, maintain additional progress must be made. Marketing must be considered a key activity for all rural health care facilities. Hospitals are in business - the business of making people well and keeping them healthy.

According to the authors, hospitals must view their product as good health and view their product line in the same fashion that commercial business organizations view their product line. Accordingly Weiss and Phillips believe the primary target market of the hospital product line is patients, with secondary target markets of physicians, third party payers, employers and employees, trustees, administrators, contributors, etc.[21]

As the trend towards the use of marketing has continued in urban markets, rural areas also have increased their acceptance and utilization of marketing tools. According to a recent survey conducted by the American Hospital Association's Section for Small or Rural Hospitals, between 1.0 and 1.9 percent of hospital budgets are allocated toward marketing activity. In fact, almost 60 percent of the facilities were involved in marketing activities and tools. The primary reasons given to the facilities for use of marketing were to combat increasing competition both from alternative delivery systems and, other hospitals, particularly larger urban hospitals. The person responsible for marketing activity in most small or rural hospitals was the CEO or administrator. Typical new services which had been incorporated into the competitive marketplace were wellness programs, home health care programs, and ambulatory care programs. New services under consideration by the facilities, according to their study were,

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[21] Sandra L. Weiss and Donald F. Phillips, Management Issues for Rural Hospitals, Chapter 6, "Marketing" edited by S.L. Weiss, P.F. Phillips and G. Schuman. AHA, (Chicago, Illinois: American Hosptial Association, 1986), pp. 65-70.

wellness, contractual services with other hospitals and businesses, health clinics and industrial medicine.[22]

Rural Success Strategy

Southwest Community Health Services is going back to basics and doubling cost-saving efforts to help member hospitals survive the difficult economic environment in which rural hospitals are operating. Strategies incorporated by this New Mexico eleven member, decentralized hospital system include paring of costs throughout the system. Combined with efficiency strategies, stronger marketing techniques along with the development of an HMO and a modified referral system are also being included. The emphasis at all Southwest sites is to view their facilities as primary providers of specific services rather than being involved in the provision of a full range of services. These attitudinal changes come at a time when rural facilities are under extreme pressure and where estimates that more than 500 facilities will close by the mid 1990's are common projections.

Part of the success of Southwest Community Health Service evolves from a solid stabilization effort, accomplished via recruiting of physicians and skilled personnel, stabilizing managerial personnel, upgrading facilities and improving financial performance through better collections and community tax support. The basic approach of the system is to accept the fact that rural hospitals will never be highly profitable, but that they serve a real need. Additionally, according to Southwest President, Richard R. Barr,

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[22] Christopher P. DeSalvo,"More Small, Rurals Begin Using Marketing," Hospitals, June 5, 1986. pp. 64-65.

> "We expect (our rural hospital administrators) to be operations managers, to be community relations-minded and to be advocates for the hospital in the community.....We expect them to know how to find the answer rather than knowing the answer."[23]

"Their goal is to keep people in the community for their healthcare," said Mary D. Poole, Southwest's Vice President of Marketing and Development. Southwest will market only primary healthcare. Several approaches have been utilized at the facilities including:

o Guest Relations	Follow-up telephone calls to insure customer satisfaction.
o Obstetrical Services	Consideration of a flat-rate obstetrical package for uncomplicated deliveries.
o Community Presence	Enhance image via public service activities, health fairs, screening Halloween candy with x-ray machines and a high profile of administrators in the community.
o Swing Beds	Conversion of some acute care beds to long term care beds depending on needs.[24]

Other methods that Southwest has utilized to enhance rural health primary services include:

- o Cross-training of health care professionals
- o Scheduling elective surgeries
- o Trimming swing bed staffing
- o Improving coordination with physicians[25]

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[23] Cynthia Wallace, "Rural system Corrals Profits With 'Back to Basics' Approach" Modern Healthcare December,1985. pp. 70-71.

[24] Cynthia Wallace, "Southwest Tries Marketing to Retain Customers," Modern Healthcare, December, 1985 p. 72.

[25] Ibid p. 74

Southwest's rural hospitals enhance utilization of resources by handling census change with a program entitled census management. Staff members can be sent home if there is insufficient work, and are guaranteed 70-80% of full-time employees work hours. Additionally, workers continue to receive full benefits.[26] Rather than taking a reactive approach other rural health care providers would do well to consider the Southwest success story as a positive model for proactive strategic planning and change.

Impact of Change

Increasing emphasis is being placed on health care planning in rural areas. Van Hook, for example, has identified nine issues that provide insight regarding rural health care delivery systems.

1. Rural America often is not a very healthy place in which to live and work.
2. Rural hospitals (usually 100 beds or less) are very complex organizations.
3. The role of the rural hospital is changing as admissions and length of stay decline.
4. Rural hospitals must become health centers to attract/retain both providers and patients.
5. A shortage of health care manpower exists in many rural communities and present providers are often aging and approaching retirement.
6. Physician recruitment for rural towns must be an ongoing community effort.
7. Federal programs can work with private resources to help resolve rural health care problems.
8. Public health is everyone's business in rural communities.
9. Urban solutions don't necessarily work in rural America..

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[26] Ibid p. 74

According to Sherry Boyd, rural health care delivery is experiencing a "remodeling job", that provides both challenges and opportunities for the health care systems' 4 P's: Providers, Patients, Politicians, and Payors. Because health care is a community affair, the members of these "4 P's" must take responsibility for making decisions and choices which assure a better and more service oriented system of health care for rural Americans.[27]

In addition to using sound idea management strategies, the "4 P" partnership should seek solutions for rural health care needs which will:

1. preserve rural lifestyles and values
2. maintain local autonomy - keep decision-making community focused
3. organize services vertically within the community to take advantage of scarce resources
4. seek voluntary cooperation among small rural facilities and practices to share resources and services so as to increase their scale of operations
5. recognize the pace of change specific to a rural area
6. be sensitive to the more intense rural interrelationship of government health care providers and businesses.[28]

Marketing futurists and health care practitioners seem to endorse the concept of integrating marketing as a tool in health care. A review of literature almost mandates the use of business tools to enhance survival. However, change is an extremely slow process. Despite the flurry of marketing activity combined with general trends in increased marketing budgets there remains a lack of acceptance of marketing as a legitimate tool among health care practitioners. This recalcitrance of this group to accept change appears to be particularly strong in rural areas.

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[27] Sheryl H. Boyd, "Marketing 'Dairy Queenland, U.S.A.': Rural America's Health Care Challenge," Proceedings of Health Services Marketing Conference, Atlanta, Georgia, 1986.

[28] Van Hook, op.cit.

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CHAPTER 3

DESIGN

Population

The population chosen for inclusion in this study consisted of 2365 persons in a variety of health-related positions who resided in an area which encompassed all of the counties in the state of North Dakota and several counties in the northwestern portion of the state of Minnesota. A complete enumeration of this population was attempted, resulting in the mailing of questionnaires to 2365 persons identified as members of the population. The names and addresses were obtained from a list provided by The Center for Rural Health Services, Policy and Research of the University of North Dakota, Grand Forks, North Dakota.

Data Collection Methods

A mail questionnaire was used to elicit data from the population. The mailing of the questionnaire was preceded by the mailing of a postcard to alert the population. (Refer to the postcard in Appendix A.) This postcard was mailed on June 16, 1986. One week later, June 23, an initial mailing of the questionnaire took place. On June 27, a follow-up postcard was sent to prompt questionnaire recipients to respond. (Refer to the follow-up postcard shown in Appendix A.) On July 7, another copy of the questionnaire was sent to those persons who had not responded. (See Appendix B for a copy of the questionnaire.)

Characteristics of Respondents

A total of 1049 persons, 44 percent of those to whom questionnaires were sent, returned a usable instrument. Table 1 shows the distribution of respondents by their position in the health field.

TABLE 1

DISTRIBUTION OF RESPONDENTS
BY POSITION IN HEALTH CARE
(n=1049)

Position [a]	Number	Percent
Physician	435	41.6
Hospital Administrator	63	6.0
Nursing Home Administrator	62	5.9
Clinic Administrator	67	6.4
Director of Nursing	102	9.7
Public Health Official	26	2.5
Health Organization Board Member [b]	273	26.1
Other c	18	1.7
No position recorded	3	0.0
TOTAL [d]	1049	99.9

Notes:

[a] Persons with more than one position e.g. physician/board member were arbitrarily classified into the position believed to be most important.

[b] Includes hospital, clinic, and nursing home.

[c] Includes such positions as hospital attorneys and secretarial/clerical employees.

[d] Totals less than 100 percent due to rounding.

As indicated in Table 1, the largest group of respondents by health and industry position were physicians.

The mean number of years respondents had been in health care was 17 and the mean length of time in their present position was 9 years. The majority of the respondents (62.7 percent) possessed a graduate or professional degree, this is attributable to the large number of physicians who responded. Only 16.6 percent of the respondents had not completed college. Males represented approximately 72 percent of the respondents. Of the total responses received 40 percent originated in the four North Dakota communities with populations of more than 20,000.

Instrument

The mail questionnaire employed in this study was developed by the authors with input from employees of the U.N.D. Center for Rural Health Services, Policy, and Research. (A copy of the questionnaire is contained in Appendix B). Six items of personal information were requested on the instrument: occupation, length of time in present position, total years in health care, level of education, sex and community. The largest portion of the questionnaire was devoted to an assessment of respondent opinions and perceptions of marketing as an activity in health care. This information was obtained by use of a Likert-type scale. Coding values are shown below:

STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
(5)	(4)	(3)	(2)	(1)

A total of 22 statements selected from a larger number comprised the scale. An open-ended question was also used to elicit additional information from respondents on their opinions and perceptions of marketing. (See Appendix D for sample comments). Finally, a ranking question was designed to determine the relative importance respondents placed on several business activities.

Data Analysis Methods

Although all known members of the population were queried, the 44 percent partial response to the enumerated census necessitated treating responses as if derived from a sample. Therefore, appropriate tests of significance and standard error estimates were employed in addition to frequency distributions and measures of central tendency. These were obtained by the use of the Statistical Package for the Social Sciences (SPSS). Relevant information derived from cross tabular analysis can be found in the body of the report.

CHAPTER 4

RESULTS

Opinions and Perceptions of Marketing

Overall

The means and distributions of responses to each of the 22 statements designed to identify opinions and perceptions of marketing are presented in Table 2. Respondents indicated relatively strong agreement with the statement that marketing will be important in the future of health care (statement u). Respondents also strongly agreed that students in health care administration and medicine should be exposed to marketing as a part of their career preparation. (statements p and v). On the other hand there was lesser agreement that nursing students need exposure to marketing (statement f). This may be a reflection of a feeling that nurses do not play a major role in marketing decision-making and practice.

Another area of relatively strong agreement by respondents was that the use of up-to-date business marketing practices was necessary (statement c). Respondents also agreed that the practice of marketing is important for their professional success but concurred to a lesser extent that they themselves actually use marketing concepts in their practice or organization (statements j and b).

In terms of recognizing a need for additional marketing preparation, respondents agreed that their peers need additional knowledge of marketing concepts. Furthermore they disagreed with the statements that they themselves do not need more familiarity with marketing and that learning more about marketing is not worth the time involved.(Refer to statements g, e, and n). Therefore, it

TABLE 2
ATTITUDES AND PERCEPTIONS ABOUT MARKETING

Statement	$\bar{x}$	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)	n
a. Marketing is a field with which I am familiar.	3.5	8.6%	55.6%	11.4%	21.3%	3.1%	1034
b. I use marketing concepts in my practice or organization.	3.6	9.8	59.9	10.6	16.1	3.5	1022
c. It is necessary for health care personnel to use up-to-date business marketing practices.	4.0	27.0	56.3	9.8	4.8	2.0	1040
d. In essence, marketing is salesmanship.	3.9	23.8	57.8	8.5	9.0	1.0	1039
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.5	3.9	15.1	15.0	55.1	10.8	1038
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	3.5	8.6	50.6	23.0	14.1	3.8	1038
g. Most of my peers need additional knowledge of marketing concepts.	3.7	13.4	56.6	20.2	8.4	1.3	1038
h. Advertising and marketing are essentially the same thing.	2.7	4.7	26.4	13.2	47.3	8.4	1039
i. I would like to attend programs that would further develop my understanding of marketing.	3.5	7.1	51.7	24.6	13.5	3.1	1032
j. The practice of marketing is important for success in my profession.	3.8	17.8	59.3	13.1	7.9	1.9	1030
k. Less emphasis on marketing by health organizations would be desirable.	2.9	8.3	24.0	21.7	39.9	6.2	1038
l. Marketing raises the price the patient has to pay for health care.	3.2	11.7	34.8	20.5	30.0	3.1	1044
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	3.4	21.8	33.7	14.3	24.5	5.7	1040
n. Learning more about marketing is not worth the amount of time involved.	2.2	1.9	7.3	16.5	60.9	13.4	1041

TABLE 2 (continued)
ATTITUDES AND PERCEPTIONS ABOUT MARKETING

Statement	$\bar{x}$	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)	n
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.3	13.2	34.0	25.9	22.9	3.9	1043
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.1	26.7	64.4	5.8	2.4	.7	1044
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.6	14.1	48.8	23.9	10.3	2.9	1035
r. Patient satisfaction is related to the effective practice of marketing.	3.3	10.1	41.6	23.5	20.5	4.2	1038
s. A normal result of marketing is the lowering of the status of the medical profession.	2.6	5.8	15.5	20.2	50.0	8.6	1040
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	2.8	6.6	24.2	18.9	43.7	6.6	1038
u. Marketing will play an important role in the future of health care.	4.1	24.1	66.5	7.8	1.2	.4	1043
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.9	18.8	61.5	13.1	5.2	1.4	1045

is perhaps not surprising that the majority agreed that they would like to attend programs to further develop their understanding of marketing (statement i).

The likes and dislikes of respondents with regard to marketing are possibly most apparent in their reactions to statements k, l, m, o, s, and t. Respondents disagreed with the assertion that use of marketing lowers the status of the medical profession and, to a lesser extent, that marketing by a health organization would probably result in the use of "gimmicks". Respondents were only slightly in disagreement with the statement that less emphasis on marketing would be desirable and only slightly in agreement that marketing raises the price of patient health care. Respondents displayed somewhat stronger agreement with the statement that they would have difficulty using the term "client" as opposed to the traditional "patient". They also agreed that rural patients are short-changed when marketing assists urban organizations to take over local health facilities.

The practice of marketing by a health care organization will have an effect on its relationship with patients. Respondents agreed that marketing will result in a more positive response to the needs and wants of patients (statement q). They also agreed, but to a lesser extent, with the assertion that patient satisfaction is related to the effective practice of marketing (statement r). This seems to indicate that some respondents believe that a positive response to patient needs does not necessarily result in patient satisfaction.

By Position

The means derived from the responses of persons categorized by their position in health care are presented in Table 3. Position codes are identified at the bottom of the table. The null hypothesis of no significant difference in responses by categories to each statement was tested by analysis of variance

TABLE 3
ATTITUDES AND PERCEPTIONS BY POSITION IN HEALTH CARE

Statement	POSITION[b] 1 (431)	2 (63)	3 (62)	4 (66)	5 (101)	6 (26)	7 (228)	8 (38)	F Value	Significant Differences[a]
a. Marketing is a field with which I am familiar.	3.29	3.70	3.66	3.71	3.34	3.38	3.68	3.86	6.51[a]	8:7, 8:2, 8:4, 1:7
b. I use marketing concepts in my practice or organization.	3.34	3.84	3.87	3.89	3.44	3.65	3.85	3.12	8.93[a]	8:7, 1:2, 1:7, 1:3, 1:4
c. It is necessary for health care personnel to use up-to-date business marketing practices.	3.70	4.27	4.28	4.37	4.17	4.12	4.32	3.88	16.03[a]	1:5, 1:2, 1:3, 1:7, 1:4
d. In essence, marketing is salesmanship.	3.90	3.50	3.93	3.79	4.12	4.27	4.11	3.79	4.65[a]	2:7, 2:5
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.80	2.31	2.05	2.03	2.18	2.46	2.20	2.48	13.44[a]	1:3, 1:4, 1:5, 1:7, 1:2
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	2.96	3.77	3.93	3.74	4.01	3.88	3.81	3.62	32.71[a]	1:8, 1:4, 1:2, 1:7, 1:6, 1:3, 1:5
g. Most of my peers need additional knowledge of marketing concepts.	3.53	3.92	3.82	3.98	3.98	3.80	3.82	3.59	6.07[a]	1:7, 1:5, 1:4
h. Advertising and marketing are essentially the same thing.	2.74	2.24	2.42	2.39	2.77	2.92	2.84	3.00	3.97[a]	2:7
i. I would like to attend programs that would further develop my understanding of marketing.	3.07	3.79	3.97	3.94	3.83	3.72	3.68	3.47	22.54[a]	1:8, 1:2, 1:5, 1:3, 1:4
j. The practice of marketing is important for success in my profession.	3.61	4.18	4.12	4.14	3.95	3.92	4.05	3.38	10.35[a]	8:7, 8:3, 8:4, 8:2, 1:7, 1:3, 1:4, 1:2
k. Less emphasis on marketing by health organizations would be desirable.	3.37	2.49	2.39	2.68	2.57	2.72	2.41	2.94	23.46[a]	1:7, 1:3, 1:2, 1:5, 1:4
l. Marketing raises the price the patient has to pay for health care.	3.51	3.06	2.81	2.97	3.13	3.40	2.85	3.35	9.59[a]	1:7, 1:3
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	4.06	2.86	2.37	3.32	2.80	2.36	3.04	3.29	39.24[a]	3:7, 3:4, 3:8, 3:1, 6:1, 5:1, 2:1, 7:1, 4:1

TABLE 3 (continued)
ATTITUDES AND PERCEPTIONS BY POSITION IN HEALTH CARE

Statement	POSITION[b] 1 (431)	2 (63)	3 (62)	4 (66)	5 (101)	6 (26)	7 (228)	8 (38)	F Value	Significant Differences[a]
n. Learning more about marketing is not worth the amount of time involved.	2.54	1.94	1.79	1.78	2.16	2.08	2.00	2.41	17.19[a]	3:8, 4:8, 3:1, 4:1, 2:1, 7:1, 5:1
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.25	3.59	3.31	3.03	3.30	3.64	3.33	3.18	1.55	
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.01	4.33	4.23	4.40	4.24	4.04	4.26	3.97	5.87[a]	1:7, 1:4
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.30	4.13	3.95	3.76	3.82	3.58	3.88	3.37	13.53[a]	1:5, 1:7, 1:3, 1:2, 1:8
r. Patient satisfaction is related to the effective practice of marketing.	3.04	3.76	3.52	3.60	3.56	3.33	3.53	3.21	8.58[a]	1:7, 1:5, 1:4, 1:2
s. A normal result of marketing is the lowering of the status of the medical profession.	3.09	2.03	2.15	2.27	2.30	2.54	2.22	2.63	25.52[a]	2:1, 3:1, 7:1, 4:1, 5:1
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	3.22	2.25	2.45	2.58	2.61	2.63	2.39	2.92	17.86[a]	2:1, 7:1, 3:1, 4:1, 5:1
u. Marketing will play an important role in the future of health care.	4.10	4.17	4.18	4.27	4.16	4.20	4.18	3.62	4.40[a]	8:1, 8:5, 8:2, 8:3, 8:7, 8:6, 8:4
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.81	4.17	3.98	4.24	3.95	3.80	3.98	3.46	5.23[a]	8:7, 8:2, 8:4, 1:4

[a] Significant at .05 level

[b] Position code: 1 = Physicians; 2 = Hospital Administrators; 3= Nursing Home Administrators; 4 = Clinic Administrators; 5 = Directors of Nursing; 6 = Public Health Officials; 7 = Hospital/Clinic Board Members; 8 = Nursing Home Board Members.

(ANOVA). The Scheffé multiple comparisons test was used to analyze patterns of response differences among the eight categories.

Overall, the position in health care held by a respondent appears to be an important indicator regarding opinions and perceptions of marketing. Responses to 21 of the 22 statements involve significant differences among position categories. Of particular note are the differences between the responses of physicians, (the largest category in number of respondents), and those of other categories.

Physicians were less inclined than other respondents to agree that they use marketing concepts in business or that marketing is important to their success and to patient satisfaction, (see statements b, j, q and r). Moreover, physicians were less likely than others to perceive a need for additional knowledge or understanding of marketing (see statements e, f, i and n). Finally, physicians were more inclined than other respondents to feel that marketing may lead to the use of gimmicks, that it lowers the status of the medical profession, and that less emphasis on marketing would be desirable (see statements k, s and t)

It should be noted that although physicians differed somewhat from the other categories in intensity of agreement or disagreement, the direction of their responses was, with a few exceptions, the same.

By Length of Time In Health Care

The distribution of mean responses to the 22 statements by the length of time respondents had spent in health care is shown in Table 4. The use of ANOVA and the Scheffe comparisons test reveals several significant differences in respondent agreement/disagreement by the length of time spent in health care. These differences exist between the category consisting of persons who were employed in health care for more than 20 years and the other categories.

TABLE 4
ATTITUDES AND PERCEPTIONS BY LENGTH OF TIME IN HEALTH CARE

Statement	LENGTH OF YEARS IN HEALTH CARE: 3 or Less (72)	4-10 (293)	11-20 (318)	Over 20 (352)	F Value	Significant Differences[a]
a. Marketing is a field with which I am familiar.	3.38	3.50	3.49	3.42	0.54	
b. I use marketing concepts in my practice or organization.	3.67	3.65	3.58	3.45	2.44	
c. It is necessary for health care personnel to use up-to-date business marketing practices.	4.21	4.15	4.04	3.86	7.24[a]	4:2, 4:1
d. In essence, marketing is salesmanship.	3.89	3.97	3.84	4.04	3.16[a]	3:4
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.25	2.30	2.42	2.69	10.24[a]	1:4, 2:4, 3:4
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	3.50	3.58	3.51	3.32	4.45[a]	4:2
g. Most of my peers need additional knowledge of marketing concepts.	3.79	3.70	3.81	3.64	2.46	
h. Advertising and marketing are essentially the same thing.	2.67	2.66	2.65	2.82	1.84	
i. I would like to attend programs that would further develop my understanding of marketing.	3.69	3.54	3.54	3.28	7.25[a]	4:2, 4:3, 4:1
j. The practice of marketing is important for success in my profession.	3.92	3.94	3.88	3.69	5.05[a]	4:3, 4:2
k. Less emphasis on marketing by health organizations would be desirable.	2.50	2.66	2.85	3.18	16.40[a]	4:1, 4:2, 4:3
l. Marketing raises the price the patient has to pay for health care.	2.96	2.98	3.16	3.52	16.12[a]	4:1, 4:2, 4:3
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	3.18	3.17	3.29	3.78	16.74[a]	4:2, 4:1, 4:3

TABLE 4 (continued)
ATTITUDES AND PERCEPTIONS BY LENGTH OF TIME IN HEALTH CARE

Statement	LENGTH OF YEARS IN HEALTH CARE: 3 or Less (72)	4-10 (293)	11-20 (318)	Over 20 (352)	F Value	Significant Differences[a]
n. Learning more about marketing is not worth the amount of time involved.	2.10	2.14	2.12	2.43	10.37[a]	4:1, 4:3, 4:2
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.37	3.34	3.18	3.34	1.67	
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.18	4.16	4.23	4.04	4.53[a]	4:3
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.90	3.75	3.68	3.37	12.62[a]	4:3, 4:2, 4:1
r. Patient satisfaction is related to the effective practice of marketing.	3.45	3.43	3.36	3.19	3.49[a]	4:2
s. A normal result of marketing is the lowering of the status of the medical profession.	2.26	2.42	2.45	2.95	22.15[a]	4:1, 4:2, 4:3
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	2.54	2.56	2.70	3.16	21.04[a]	4:1, 4:2, 4:3
u. Marketing will play an important role in the future of health care.	4.06	4.16	4.20	4.05	3.56[a]	4:3
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.83	3.96	3.97	3.84	1.99	

[a] Significant at .05 level

Respondents in the "over 20" category agreed less strongly than others that marketing is important to success, that they needed more familiarity with marketing, and that, they would like to attend programs to further develop their understanding of the subject. Thus it is not surprising that the "over 20" category showed significantly less disagreement than other groups with the statement that "learning more about marketing is not worth the time involved." Respondents in the "over 20" category also agreed more strongly than others that marketing raises the price of health care, that they would have difficulty using the term "client" instead of "patient" and that organizations using marketing will probably resort to the use of "gimmicks". Moreover, those in the "over 20" category disagreed significantly more than other categories that marketing would result in a positive response to patients needs and wants while disagreeing less with the statement that a normal result of marketing is the lowering of the status of the medical profession.

By Level of Education

The mean responses to each statement by the level of education of the respondents are shown in Table 5. ANOVA and the Scheffe tests were utilized to detect significant differences among the four categories analyzed.

Most of the significant differences identified by the Scheffe test are between the graduate/professional category and the remaining categories. Those persons included in the graduate/professional category were significantly less in agreement than most other categories on the necessity of using up-to-date marketing practices and on the need for marketing preparation for nursing students. The members of this category were less inclined to agree with others that they should attend programs to develop understanding of marketing and less inclined to disagree that learning more about marketing is not worth the time involved.

TABLE 5
ATTITUDES AND PERCEPTIONS BY LEVEL OF EDUCATION

Statement	LAST GRADE COMPLETED: H.S. or Less (63)	Some College (108)	Completed College (213)	Grad/Prof Degree (648)	F Value	Significant Differences[a]
a. Marketing is a field with which I am familiar.	3.50	3.52	3.59	3.40	2.10	
b. I use marketing concepts in my practice or organization.	3.78	3.75	3.70	3.48	5.16[A]	4:3
c. It is necessary for health care personnel to use up-to-date business marketing practices.	4.18	4.16	4.29	3.89	14.26[A]	4:2, 4:3
d. In essence, marketing is salesmanship.	4.19	3.87	3.95	3.94	1.92	
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.44	2.20	2.12	2.63	17.60[A]	4:3, 4:2
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	3.79	3.72	3.88	3.25	30.96[A]	4:2, 4:1, 4:3
g. Most of my peers need additional knowledge of marketing concepts.	3.81	3.78	3.89	3.66	4.54[A]	4:3
h. Advertising and marketing are essentially the same thing.	3.26	2.92	2.53	2.70	8.73[A]	3:2, 3:1, 4:1
i. I would like to attend programs that would further develop my understanding of marketing.	3.61	3.86	3.78	3.28	25.97[A]	4:1, 4:3, 4:2
j. The practice of marketing is important for success in my profession.	3.95	3.95	4.09	3.72	10.41[A]	4:3
k. Less emphasis on marketing by health organizations would be desirable.	2.47	2.64	2.44	3.10	26.20[A]	3:4, 1:4, 2:4
l. Marketing raises the price the patient has to pay for health care.	2.92	2.94	2.97	3.38	12.20[A]	1:4, 2:4, 3:4
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	3.34	3.21	2.85	3.64	24.39[A]	3:1, 3:4, 2:4

TABLE 5 (continued)
ATTITUDES AND PERCEPTIONS BY LEVEL OF EDUCATION

Statement	LAST GRADE COMPLETED: H.S. or Less (63)	Some College (108)	Completed College (213)	Grad/Prof Degree (648)	F Value	Significant Differences[a]
n. Learning more about marketing is not worth the amount of time involved.	2.13	2.03	1.94	2.37	17.46[a]	3:1, 2:4
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.57	3.29	3.22	3.28	1.74	
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.06	4.16	4.31	4.09	5.71[a]	4:3
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.69	3.78	3.90	3.49	11.62[a]	4:2, 4:3
r. Patient satisfaction is related to the effective practice of marketing.	3.35	3.66	3.47	3.23	6.85[a]	4:3, 4:2
s. A normal result of marketing is the lowering of the status of the medical profession.	2.19	2.19	2.18	2.84	34.63[a]	3:4, 1:4, 2:4
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	2.56	2.45	2.49	2.99	17.92[a]	2:4, 3:4, 1:4
u. Marketing will play an important role in the future of health care.	4.00	4.04	4.17	4.15	2.25	
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.78	3.92	4.07	3.88	3.64	4:3

[a] Significant at .05 level

involved. Respondents in the graduate/professional category agreed, whereas other categories disagreed, that less emphasis on marketing would be desirable and that marketing raises the price of health care. Members of the graduate/ professional category also agreed more strongly than others that they would have difficulty using the term "client" instead of "patient". On the other hand they agreed less strongly than other categories that marketing would result in a more positive response to patients needs and that patient satisfaction is related to the effective practice of marketing. Moreover, the graduate professional category disagreed less strongly than did others that a normal result of marketing is a lowering of the status of the medical profession and that stress on marketing leads to the use of "gimmicks".

By Sex

A comparison of mean scores and standard deviations for male and female respondents by use of the T-test is found in Table 6.

As can be seen in Table 6, males and females show significant differences in their responses to 12 of the 22 statements. Both show the same directional agreement or disagreement with each statement although differences exist in the intensity of response. In general, it appears that males claim greater familiarity with, and knowledge of, marketing for themselves and their peers and are less inclined to feel a need for more preparation in the field. Males also are less inclined than females to consider salesmanship and advertising as synonymous with marketing. In other areas of opinion differences, males tend to be more skeptical than females about the benefits of marketing and its stature in the medical profession.

TABLE 6
ATTITUDES AND PERCEPTIONS BY SEX

Statement	Male (n = 737) $\bar{x}$	Male (n = 737) σ	Female (n = 290) $\bar{x}$	Female (n = 290) σ	T Value
a. Marketing is a field with which I am familiar.	3.50	1.017	3.33	1.011	2.40[a]
b. I use marketing concepts in my practice or organization.	3.60	0.987	3.46	1.003	1.95
c. It is necessary for health care personnel to use up-to-date business marketing practices.	4.00	0.895	4.07	0.777	-1.16
d. In essence, marketing is salesmanship.	3.92	0.912	4.02	0.767	-1.65
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.52	1.039	2.30	0.868	3.19[a]
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	3.35	1.000	3.75	0.801	-6.00[a]
g. Most of my peers need additional knowledge of marketing concepts.	3.69	0.848	3.81	0.830	-2.08[a]
h. Advertising and marketing are essentially the same thing.	2.68	1.102	2.83	1.044	-2.04[a]
i. I would like to attend programs that would further develop my understanding of marketing.	3.39	0.944	3.66	0.820	-4.26[a]
j. The practice of marketing is important for success in my profession.	3.82	0.899	3.86	0.819	-0.50
k. Less emphasis on marketing by health organizations would be desirable.	2.94	1.125	2.74	1.012	2.54[a]
l. Marketing raises the price the patient has to pay for health care.	3.23	1.116	3.18	1.029	0.61
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	3.59	1.184	2.98	1.216	7.42[a]
n. Learning more about marketing is not worth the amount of time involved.	2.27	0.873	2.14	0.742	2.28[a]

TABLE 6 (continued)
ATTITUDES AND PERCEPTIONS BY SEX

Statement	Male (n = 737)		Female (n = 290)		T Value
	$\bar{x}$	σ	$\bar{x}$	σ	
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.26	1.117	3.39	0.990	-1.78
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.13	0.701	4.17	0.619	-0.73
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.60	0.977	3.65	0.881	-0.86
r. Patient satisfaction is related to the effective practice of marketing.	3.29	1.078	3.44	0.947	-2.03[a]
s. A normal result of marketing is the lowering of the status of the medical profession.	2.66	1.070	2.44	0.926	3.18[a]
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	2.86	1.106	2.66	1.014	2.70[a]
u. Marketing will play an important role in the future of health care.	4.13	0.619	4.13	0.620	-0.11
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.92	0.810	3.88	0.791	0.85

[a] Significant at .05 level

By Community Size

Table 7 presents the mean scores of respondents categorized by community size on each of the 22 opinion and perception statements. The results of ANOVA and the Scheffé tests are contained in the table. The data in Table 7 show that there is consensus among the categories on most statements. Where a lack of consensus exists, it is the result of significant differences between respondents residing in communities of over 20,000 population and respondents in the smaller communities. Persons in the over 20,000 category disagreed less strongly than others that they did not need any more familiarity with marketing. Accordingly, they agreed less strongly than others that they would like to attend programs to develop their understanding of marketing. Those in the over 20,000 category agreed whereas all other categories disagreed, that less emphasis on marketing by health care organizations would be desirable. They also agreed more strongly than others that marketing raises the cost of health care and that they would have difficulty using the term "client" instead of "patient". Probably, of most interest, is the difference of opinion concerning the effect of marketing on rural patients. The over 20,000 population group disagreed with the statement that "rural patients are being shortchanged when marketing practices assist urban organizations to take over local health facilities." The other three community categories agreed with this statement.

Relative Importance of Business Activities

Overall

Respondents were presented with a list of business activities on the questionnaire. They were asked to select and rank the three most important to a health organization. Table 8 denotes the ranking of these activities.

TABLE 7
ATTITUDES AND PERCEPTIONS BY COMMUNITY SIZE

Statement	COMMUNITY SIZE					
	Under 2000	2000-9999	10,000-19,999	20,000 & over	F Value	Significant Differences
a. Marketing is a field with which I am familiar.	3.45	3.34	3.57	3.49	1.19	
a. I use marketing concepts in my practice or organization.	3.58	3.50	3.65	3.65	0.89	
c. It is necessary for health care personnel to use up-to-date business marketing practices.	4.13	3.96	4.01	4.02	1.68	
d. In essence, marketing is salesmanship.	3.99	3.94	4.05	3.87	1.31	
e. I do not need any more familiarity with marketing than I presently have to be successful.	2.29	2.32	2.42	2.61	6.18[a]	1:4, 2:4
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	3.73	3.59	3.34	3.24	15.28[a]	4:2, 4:1, 3:1
g. Most of my peers need additional knowledge of marketing concepts.	3.79	3.73	3.72	3.70	0.62	
h. Advertising and marketing are essentially the same thing.	2.74	2.63	2.78	2.57	1.82	
i. I would like to attend programs that would further develop my understanding of marketing.	3.63	3.46	3.59	3.29	7.84[a]	4:3, 4:1
j. The practice of marketing is important for success in my profession.	3.93	3.78	3.93	3.83	0.99	
k. Less emphasis on marketing by health organizations would be desirable.	2.61	2.72	2.73	3.12	13.64[a]	1:4, 2:4, 3:4
l. Marketing raises the price the patient has to pay for health care.	3.01	2.98	3.23	3.36	7.41[a]	2:4, 1:4
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	3.09	3.35	3.32	3.70	13.77[a]	1:4, 3:4, 2:4
n. Learning more about marketing is not worth the amount of time involved.	2.15	2.28	2.14	2.25	1.38	

TABLE 7 (continued)
ATTITUDES AND PERCEPTIONS BY COMMUNITY SIZE

Statement	COMMUNITY SIZE Under 2000	2000-9999	10,000-19,999	20,000 & over	F Value	Significant Differences
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	3.61	3.38	3.41	2.91	25.65[a]	4:2, 4:3, 4:1
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	4.20	4.11	4.10	4.19	1.10	
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	3.78	3.68	3.63	3.53	3.76[a]	4:1
r. Patient satisfaction is related to the effective practice of marketing.	3.40	3.37	3.42	3.23	1.69	
s. A normal result of marketing is the lowering of the status of the medical profession.	2.36	2.51	2.65	2.78	9.42[a]	4:1
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	2.62	2.72	2.72	2.96	5.79[a]	4:1
u. Marketing will play an important role in the future of health care.	4.10	4.14	4.18	4.17	0.78	
v. Medical students should be exposed to marketing in order to better prepare them to practice.	3.91	3.92	3.99	3.92	0.33	

[a] Significant at .05 level

TABLE 8

IMPORTANCE RANKING OF BUSINESS ACTIVITIES
(n = 903)

Business Activity	Number of Respondents Who Ranked 1st	2'nd	3'rd	Total	%[a]
Customer Relations	504	179	88	771	85.4
Personnel Management	99	249	177	525	58.1
Strategic Planning	155	156	176	487	53.9
Office Management	65	85	102	252	27.9
Financial Analysis	19	72	99	190	21.0
Credit and Collections	12	55	74	141	15.6
Pricing	8	33	60	101	11.2
Bookkeeping	16	33	37	86	9.5
Salesmanship	8	28	44	80	8.9
Advertising	9	12	35	56	6.2
Other	9	3	7	19	2.1

[a] Percent of all respondents who ranked activity as first, second, or third in importance.

The rankings in Table 8 clearly suggest that respondents considered interpersonal relations and planning activities as the most important to a health organization. Activities involved with finance and accounting are positioned in the middle and promotional activities are at the bottom of the list in terms of the number of respondents who viewed these activities as important.

By Position

Table 9 presents rankings of several activities by importance according to the various position categories into which respondents are grouped. These rankings are based on the percentage of respondents in each category who designated an activity as being first, second, or third in importance to a health organization. Rankings of activities by each category are shown in parentheses.

All categories of respondents by position in health care attached the most importance to the activity of customer relations. Personnel management and

TABLE 9

IMPORTANCE RANKING OF BUSINESS ACTIVITIES
BY POSITION IN HEALTH CARE

Business Activity	POSITION[a] 1 (n=357) %	2 (n=56) %	3 (n=54) %	4 (n=66) %	5 (n=89) %	6 (n=23) %	7 (n=206) %	8 (n=35) %	x^2 (d.f.=24)
Customer Relations	87.4(1)	89.3(1)	90.7(1)	86.4(1)	83.1(1)	87.0(1)	78.2(1)	88.6(1)	57.31[b]
Personnel Management	54.9(2)	57.1(3)	74.1(2)	56.1(3)	61.8(3)	43.5(3)	60.2(3)	65.7(3)	32.73
Strategic Planning	38.4(4)	73.2(2)	55.6(3)	60.6(2)	62.9(2)	47.8(2)	67.0(2)	65.7(3)	101.05[b]
Office Management	43.7(3)	5.4(10)	14.8(6)	25.8(5)	15.7(5)	39.1(4)	13.6(6)	28.6(4)	105.30[b]
Financial Analysis	10.1(8)	35.7(4)	27.8(4)	27.3(4)	21.3(4)	17.4(6)	32.0(4)	20.0(5)	75.63[b]
Credit and Collections	22.1(5)	8.9(6)	5.6(8)	21.2(6)	11.2(9)	4.3(10)	12.1(7)	3.0(10)	33.46
Pricing	13.7(6)	12.5(5)	14.8(6)	3.0(11)	13.5(6)	8.7(9)	6.8(9)	8.6(8)	24.16
Bookkeeping	13.2(7)	5.4(10)	3.7(10)	4.5(8)	11.2(9)	26.1(5)	4.9(10)	8.6(8)	34.85
Salesmanship	6.7(9)	5.4(10)	9.3(7)	9.1(7)	6.7(10)	13.0(7)	14.1(5)	11.4(6)	23.82
Advertising	4.0(10)	7.1(7)	3.7(10)	3.0(11)	11.2(9)	8.7(9)	9.2(8)	5.7(9)	21.77
Other	3.6(11)	0.0(11)	0.0(11)	3.0(11)	0.0(11)	0.0(11)	1.9(11)	0.0(11)	18.19

[a] Position code: 1 = Physicians; 2 = Hospital Administrators; 3= Nursing Home Administrators; 4 = Clinic Administrators; 5 = Directors of Nursing; 6 = Public Health Officials; 7 = Hospital/Clinic Board Members; 8 = Nursing Home Board Members.

[b] Significant at .05 level

strategic planning were ranked either second or third in importance by all position categories except physicians. Physicians placed office management ahead of strategic planning in importance. The remaining activities do not show much uniformity in the order in which they were ranked by the different categories of respondents. Chi square analysis was performed to determine if there were any differences in the proportion of respondents within each category who attached some importance to a particular function. The analysis reveals that significant differences exist among position categories for four of the five highest ranked activities. These are customer relations, strategic planning, office management, and financial analysis. Possibly of most interest is that physicians represent the category with the smallest percentage of respondents who considered strategic planning and financial analysis as important. Conversely, the percentage of physicians who awarded importance to office management was larger than that of any other position category.

By Length of Time In Health Care

Table 10 gives the percentages of respondents classified by time in health care, who considered a particular activity as being one of the three most important to a health organization. Activities are ranked by the magnitude of importance attributed to them by each respondent group. Rank is shown in parentheses.

TABLE 10

IMPORTANCE RANKINGS OF BUSINESS ACTIVITIES BY LENGTH OF TIME IN HEALTH CARE

Business Activity	Length of Years in Health Care				χ^2
	3 or Less (n=64)	4-10 (n=249)	11-20 (n=287)	Over 20 (n=293)	(d.f.=9)
	%	%	%	%	
Customer Relations	85.9 (1)	80.3 (1)	87.8 (1)	86.3 (1)	18.99[a]
Personnel Management	60.9 (3)	56.6 (2)	55.7 (3)	61.1 (2)	9.25
Strategic Planning	65.6 (2)	52.6 (3)	61.0 (2)	45.7 (3)	24.89[a]
Office Management	23.4 (4)	27.3 (5)	27.5 (4)	30.0 (4)	5.83
Financial Analysis	20.3 (5)	28.1 (4)	21.3 (5)	14.0 (6)	17.17[a]
Credit and Collections	6.3 (9)	15.7 (6)	13.9 (6)	18.1 (5)	11.36
Pricing	9.4 (7)	11.2 (7)	11.1 (7)	11.6 (8)	8.59
Bookkeeping	4.7 (10)	9.2 (9)	5.9 (9)	13.7 (7)	17.14[a]
Salesmanship	12.5 (6)	9.2 (9)	7.3 (8)	8.9 (9)	6.97
Advertising	7.8 (8)	6.8 (10)	4.9 (10)	6.8 (10)	14.20
Other	3.1 (11)	2.4 (11)	1.7 (11)	2.0 (11)	6.74

[a]Significant at .05 level

Table 10 indicates that customer relations, personnel management, and strategic planning rank highest among all groups. In four of the 11 activities listed, significant differences exist in the proportion of respondents within categories who considered an activity as important. Most notably, a smaller percentage of respondents in the largest category, the "over 20" category, considered strategic planning and financial analysis as important than did the other categories. On the other hand, this category attached more importance to bookkeeping than did the other categories.

By Level of Education

Table 11 exhibits the rankings of business activities by the level of education of respondents. Ranks are based on the percentage of respondents in each category who considered an activity as important.

TABLE 11

IMPORTANCE RANKINGS OF BUSINESS ACTIVITIES BY LEVEL OF EDUCATION

Business Activity	Last Grade Completed				χ^2 (d.f.=9)
	H.S. or Less (n=58) %	Some College (n=94) %	Completed College (n=188) %	Grad/Prof. Degree (n=555) %	
Customer Relations	75.9 (1)	88.3 (1)	86.7 (1)	85.0 (1)	21.61[a]
Personnel Management	69.0 (2)	60.0 (2)	53.7 (3)	57.8 (2)	20.07[a]
Strategic Planning	51.7 (3)	58.5 (3)	66.5 (3)	48.8 (3)	26.11[a]
Office Management	24.1 (5)	25.0 (5)	14.4 (5)	33.7 (4)	30.47[a]
Financial Analysis	29.3 (4)	25.5 (4)	29.3 (4)	16.6 (6)	23.18[a]
Credit and Collections	15.5 (6)	11.7 (6)	10.6 (7)	18.2 (5)	12.86
Pricing	5.2 (10)	9.6 (8)	12.2 (6)	11.7 (7)	6.41
Bookkeeping	6.9 (9)	6.4 (10)	7.4 (9)	11.2 (8)	7.44
Salesmanship	12.1 (7)	10.7 (7)	10.1 (8)	7.7 (9)	14.16
Advertising	10.3 (8)	7.4 (9)	6.9 (10)	5.4 (10)	9.91
Other	0.0 (11)	0.1 (11)	2.7 (11)	2.3 (11)	9.20

[a]Significant at .05 level

Customer relations is clearly the highest ranked activity by all categories. However, persons whose highest level of education was high school or less attached significantly less importance to customer relations than did others. Personnel management, strategic planning, and office management are also ranked among the top five activities by all categories. However, there are significant differences in the proportions of respondents within categories who considered these activities important to health organizations. Another activity, financial analysis ranks among the top five business activities for all categories except the one made up of graduate or professional degree recipients. Respondents with graduate or professional degrees attached significantly less importance to financial analysis than did other categories.

By Sex

Rankings of the business activities based on the sex of the respondents are contained in Table 12. The rank of each activity is shown in parentheses.

TABLE 12

IMPORTANCE RANKINGS OF BUSINESS ACTIVITIES BY SEX

Business Activity	Sex		χ^2 (d.f.=3)
	Male (n=634) %	Female (n=260) %	
Customer Relations	84.9 (1)	85.8 (1)	3.95
Personnel Management	57.0 (2)	61.5 (2)	5.71
Strategic Planning	51.2 (3)	60.4 (3)	7.14
Office Management	29.6 (4)	22.8 (4)	6.96
Financial Analysis	20.4 (5)	22.7 (5)	3.11
Credit and Collections	17.1 (6)	12.4 (6)	5.88
Pricing	13.0 (7)	6.5 (10)	9.20[a]
Bookkeeping	9.2 (9)	9.6 (8)	1.51
Salesmanship	9.6 (8)	6.6 (9)	3.59
Advertising	4.7 (10)	10.1 (7)	10.40[a]
Other	2.9 (11)	0.4 (11)	5.63

[a] Significant at the .05 level

Differences in rankings between the sexes exist only among lower ranked activities. Pricing was considered important by a significantly higher percentage of males whereas advertising was evaluated as important by a significantly higher percentage of females.

By Community Size

Table 13 presents rankings by the size of the community in which respondents resided. Ranks are given in parentheses.

Some differences in rank order among the community size categories can be seen in Table 13. Personnel management ranks ahead of strategic planning in all

categories except the 10,000 - 19,999 population category. Pricing, bookkeeping, salesmanship, and advertising are also positioned differently among the four categories. However, chi square analysis reveals that the financial analysis is the only activity for which a significant difference exists in the importance attached to it by the various categories.

TABLE 13

IMPORTANCE RANKING OF BUSINESS ACTIVITIES
BY COMMUNITY SIZE

	Community Size				
Activity	Under 2,000 (n=262) %	2,000-9,999 (n=119) %	10,000-19,999 (n=105) %	20,000 & over (n=308) %	χ^2 (d.f=9) %
Customer Relations	81.3 (1)	84.9 (1)	83.8 (1)	88.7 (1)	15.96
Personnel Management	62.2 (2)	60.5 (2)	48.6 (3)	56.2 (2)	11.30
Strategic Planning	54.9 (3)	58.8 (3)	55.2 (2)	53.7 (3)	5.05
Office Management	22.6 (4)	30.5 (4)	26.7 (4)	32.4 (4)	12.39
Financial Analysis	21.0 (5)	23.5 (5)	25.8 (5)	18.9 (5)	17.18[a]
Credit and Collections	15.4 (6)	13.4 (6)	20.0 (6)	15.0 (6)	8.25
Pricing	11.5 (8)	11.8 (7)	12.4 (7)	10.1 (7)	2.89
Bookkeeping	14.2 (7)	5.0 (9)	6.8 (10)	8.0 (9)	12.85
Salesmanship	9.5 (9)	7.6 (8)	9.5 (8)	8.5 (8)	7.49
Advertising	6.5 (10)	4.2 (10)	7.6 (9)	4.3 (10)	14.26
Other	1.6 (11)	0.8 (11)	2.9 (11)	2.6 (11)	4.59

[a]Significant at .05 level

CHAPTER 5

SUMMARY AND CONCLUSIONS

This investigation had two primary objectives. The first objective was to determine perceptions and opinions of marketing practices held by persons who occupy a position in the field of health care. The second objective was to assess the relative importance accorded to selected business activities by persons engaged in health care.

The population chosen for the study consisted of 2365 persons in health care positions in North Dakota and northwestern Minnesota. A survey of the entire population was attempted with the use of a mail questionnaire. A total of 1049 persons, 44 percent of the population, returned a usable questionnaire. The partial response necessitated treating this return as a sample.

Based on averages, the "typical" respondent was a male physician who had been in health care for 17 years, almost 10 of which had been in his present position, and who resided in a community of 20,000 or more population.

Opinions and Perceptions of Marketing

In the opinion of persons in health care, marketing is an important activity in their profession. Persons surveyed agreed with statements on the 22 item Likert-type scale which described marketing as important to present and future success.

Persons associated with health care have mixed opinions with regard to the benefits of marketing. Respondents agreed that marketing results in a more positive response to patients and increases patient satisfaction. However, respondents also felt that rural patients are shortchanged when marketing allows urban organizations to take over local health facilities and they agreed that marketing increases patient costs.

The perception health care personnel have of marketing is a narrow view that marketing is salesmanship. Although respondents somewhat agreed that they were familiar with marketing and that they used marketing concepts, they also concurred that marketing is synonymous with salesmanship. Interestingly, respondents disagreed that marketing and advertising are synonymous though some studies have indicated that hospital marketing appears to be considered synonymous with advertising and public relations.

Health care personnel perceive a need for more training in marketing for themselves and others. There was strong agreement by respondents that students in various fields of health care should be exposed to marketing as a part of their career preparation. Respondents also agreed that their peers need additional knowledge of marketing and they indicated a desire to attend programs which would develop their own understanding of marketing.

The image of marketing held by health care personnel appears to be positive. Respondents disagreed with the statement that a normal result of marketing is the lowering of the status of the medical profession. They also disagreed that emphasis on marketing by health organizations will probably result in the use of "gimmicks" to attract patients.

When health care personnel are classified by the variables of position, years in health care, education, sex, and community size, significant differences in opinions can be noted among the different categories. Physicians, persons with over 20 years in health care, holders of graduate or professional degrees, and residents of communities of 20,000 or more population have opinions which differ significantly from most other categories classified by the same variable. Physicians and persons with over 20 years in health care agree to a lesser extent than most other categories that marketing is an important activity for success in

their profession. In terms of potential benefits to patients which result from the practice of marketing, physicians, persons with over 20 years in health care, and graduate/professional degree holders agree less strongly than others that marketing results in a more positive response to patients and in patient satisfaction. Persons with more than 20 years in health care, graduate/ professional degree holders and persons in communities of 20,000 or more population agree more strongly than others that marketing increases the cost of health care to patients. Not too surprisingly, persons who live in communities of 20,000 or more do not believe, as do others, that rural patients are shortchanged when urban organizations succeed in marketing-assisted takeovers of local health facilities.

Significant differences of opinions between most health personnel and the above-named categories also exist in the area of training. Persons in the divergent categories are less likely to recognize a need for additional training in marketing or the necessity of attending training programs. Interestingly, although they are in agreement with others that exposure to marketing is desirable for health care administration and medical students, physicians, graduate/professional degree recipients, and those in communities of 20,000 or more agree less strongly than others that nursing students should be exposed to marketing.

Except for residents of communities of more than 20,000 population, the image of marketing held by these divergent categories is somewhat more negative than for most other categories. They are inclined to feel that marketing lowers the status of the medical profession, and involves the use of "gimmicks" to attract patients.

Since most of the respondents in the survey were male, the female respondent category is noteworthy for its significant differences in opinion from the majority. Females tend to differ from males in that they claim somewhat less familiarity with marketing and that they are more apt to believe that they and

their peers need additional knowledge of marketing. Thus females more strongly support training both for themselves and for nurses than do males. Females also entertain a more positive image of marketing than do males. Contrasted with males, females disagree more strongly that marketing lowers the status of the medical profession and that marketing results in the use of "gimmicks" to attract customers.

Relative Importance of Business Activities

Persons in health care rank customer relations as the most important business activity. Personnel management and strategic planning are also considered among the three most important by the majority of persons in health care. In comparison, two activities closely associated with marketing, salesmanship and advertising, are ranked near the bottom in relative importance to a health care organization. This is perhaps not surprising given the professional restrictions in the use of promotion imposed on the medical profession until recently.

Recommendations

The following recommendations are primarily concerned with health care marketing in North Dakota and Northwestern Minnesota. At the same time, they may also be relevant to other business functions in health care as well as other geographic areas.

1. More programs of marketing education should be made available to persons employed in health care. Most health care personnel are aware of a need for additional knowledge in marketing and are interested in programs to further develop their understanding of the subject.
2. Increased attention should be given to making physicians, particularly older ones located in large urban areas, aware of the importance of marketing and

its benefits to patients when effectively used. Physicians represent the key decision making group in health care. In the survey, physicians represented the majority of respondents within the categories of persons with more than 20 years in health care, recipients of graduate or professional degrees, and residents of communities of 20,000 and over population. These are the categories which are somewhat less favorable to the practice of marketing and less inclined to perceive of a need for additional education in marketing.

3. Programs to expose nursing, health care administration and medical students to marketing should be instituted. Health care personnel agree that such exposure should be a part of student preparation.

BIBLIOGRAPHY

Boyd, Sheryl H. "Marketing 'Dairy Queenland, U.S.A.': Rural America's Health Care Challenge," Proceedings Series/American Marketing Association - Academic for Health Series Marketing. Atlanta, Georgia, 1986.

Bovee, Courtland and Arens, William F. Contemporary Advertising. Homewood, Illinois: Irwin Publishing, 1986.

Costello, Michael M. "Marketing: It's More Than Promotion." Health Care Marketing Report. March, 1985, p.10

DeSalvo, Christopher P. "More Small, Rurals Begin Using Marketing," Hospitals. June, 1986.

"Hospitals Call A Marketing Time-Out." Hospitals. June, 1985, pp. 50-55.

Kotler, Philip. Marketing for Nonprofit Organizations. Prentice-Hall, Inc. 1982.

Marketing News, 19 March, 1985, p. 1.

McMillan, Norman H. Marketing Your Hospital - A Strategy for Survival. Chicago, Illinois: American Hospital Association, 1981.

Rowland, Howard S. and Rowland, Beatrice L., eds. Hospital Management - A Guide to Departments. Rockville, MD: Aspen Systems Corporation, 1984.

Van Hook, Robert T. "The Rural Hospital: An Evolving Resource." Business and Health. May, 1985, pp. 32-36.

Wallace, Cynthia. "Rural System Corrals Projects with 'Back to Basics' Approach," Modern Healthcare. December, 1985, pp. 70-71.

Wallace, Cynthia. "Southwest tries Marketing to Retain Customers." Modern Healthcare. December, 1985, p. 72.

Weiss, Sandra L. and Phillips, Donald F. "Marketing," Management Issues for Rural Hospitals. Edited by S.L. Weiss, D.F. Phillips, and J.G. Schuman. Chicago, Illinois: American Hospital Association, 1986.

Woolf, Henry B., ed. The Merriam - Webster Dictionary. New York, New York: Simon and Schuster, 1974.

Ziegenfuss, James T. Jr. DRGs and Hospital Impact. New York, New York: McGraw-Hill, 1985.

APPENDICES

APPENDIX A
Postcards

As someone who is involved in health care decisions we are asking your help in a statewide study of health marketing issues.

In a few days you will receive our questionnaire. It will take but a short time to fill out - - - and your answers will be of great importance to the success of our survey.

We would appreciate your cooperation, your help will improve the future of health care in North Dakota.

Kevin M. Fickenscher, MD
Office of Rural Health
UND School of Medicine

Dennis Elbert, Ph.D
Donald Anderson, Ph.D
UND - Dept. of Marketing

Dear _____

Recently we wrote to you asking for your participation in an important study.

If you have already returned our questionnaire, please consider this card a "Thank You" for your valuable help.

If you have not had a chance to do so as yet, may we ask you to return the completed form as soon as possible? Your participation is vital to the success of our study.

Sincerely,

Kevin M. Fickenscher, MD
Office of Rural Health
UND School of Medicine

Dennis J. Elbert, Ph.D
Donald G. Anderson, Ph.D
UND - Dept. of Marketing

APPENDIX B
Questionnaire

UNIVERSITY OF UND NORTH DAKOTA

DEPARTMENT OF COMMUNITY MEDICINE AND RURAL HEALTH
501 COLUMBIA ROAD
GRAND FORKS, NORTH DAKOTA 58201
(701) 777-3848

May 23, 1986

Dear Health Care Professional,

In the last ten years the health care field has undergone tremendous change. Part of the change has been the increased use of marketing and other business techniques by hospitals, clinics and other health care providers.

Many rural health care providers are also seeking to understand and perhaps use marketing techniques and other business techniques. We are undertaking a study to identify the status of health marketing practices and needs. As an individual involved in health care your answers are very important to the accuracy of our research.

Please take a few minutes of your time to answer the questions on the enclosed form. Your answers will be kept **strictly confidential** and used only in combination with others to get a composite picture. Return the questionnaire in the enclosed, stamped self-addressed envelope.

Thank you very much for your help.

Sincerely,

Kevin M. Fickenscher, MD
Office of Rural Health
UND School of Medicine

Dennis Elbert, PhD
UND Department of Marketing

Donald Anderson, PhD
UND Department of Marketing

RURAL HEALTH MARKETING QUESTIONNAIRE

Filling out this form will take only a few minutes. Most of your answers can be made by placing a check mark in the box or space provided. Your input will help improve the quality of health care in the upper midwest. **Please note that all answers are strictly confidential.** Thank you very much for your help.

1. Which of the following describes your present position in health care? I am a _____ (check as many as apply)

   ☐ Physician
   ☐ Hospital Administrator
   ☐ Nursing Home Administrator

   ☐ Clinic Administrator
   ☐ Director of Nursing
   ☐ Public Health Official

   ☐ Clinic — Board of Directors Member
   ☐ Hospital — Board of Directors Member
   ☐ Other, please specify _____

2. How long have you been in your present position?

   _____ years

3. How many total years have you been involved in health care?

   _____ years

4. Listed below are statements with which you may or may not agree. Please indicate the extent of your agreement or disagreement by checking the appropriate box to the right of each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
a. Marketing is a field with which I am familiar	☐	☐	☐	☐	☐
b. I use marketing concepts in my practice or organization.	☐	☐	☐	☐	☐
c. It is necessary for health care personnel to use up-to-date business marketing practices.	☐	☐	☐	☐	☐
d. In essence, marketing is salesmanship.	☐	☐	☐	☐	☐
e. I do not need any more familiarity with marketing than I presently have to be successful.	☐	☐	☐	☐	☐
f. Nursing students should be exposed to marketing in order to better prepare them for their career in nursing.	☐	☐	☐	☐	☐
g. Most of my peers need additional knowledge of marketing concepts.	☐	☐	☐	☐	☐
h. Advertising and marketing are essentially the same thing.	☐	☐	☐	☐	☐
i. I would like to attend programs that would further develop my understanding of marketing.	☐	☐	☐	☐	☐
j. The practice of marketing is important for success in my profession.	☐	☐	☐	☐	☐

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
k. Less emphasis on marketing by health organizations would be desirable.	☐	☐	☐	☐	☐
l. Marketing raises the price the patient has to pay for health care.	☐	☐	☐	☐	☐
m. I would have a lot of difficulty using the term "client" as opposed to the traditional term "patient".	☐	☐	☐	☐	☐
n. Learning more about marketing is not worth the amount of time involved.	☐	☐	☐	☐	☐
o. Rural patients are being short-changed when marketing practices assist urban organizations to take over local health facilities.	☐	☐	☐	☐	☐
p. Health care administration students should be exposed to marketing in order to better prepare them for their career.	☐	☐	☐	☐	☐
q. Marketing by health professionals will result in a more positive response to the needs and wants of patients.	☐	☐	☐	☐	☐
r. Patient satisfaction is related to the effective practice of marketing.	☐	☐	☐	☐	☐
s. A normal result of marketing is the lowering of the status of the medical profession.	☐	☐	☐	☐	☐
t. Any health organization which stresses marketing will probably resort to using "gimmicks" to attract patients.	☐	☐	☐	☐	☐
u. Marketing will play an important role in the future of health care.	☐	☐	☐	☐	☐
v. Medical students should be exposed to marketing in order to better prepare them to practice.	☐	☐	☐	☐	☐

5. We would like to know how you feel about the value of various business activities to a health organization. Please look at the list below and show which three you believe are the most important. Rank them from 1 to 3 with 1 being the most important.

☐ Bookkeeping
☐ Advertising
☐ Personnel Management
☐ Credit and Collections
☐ Customer Relations

☐ Pricing
☐ Office Management
☐ Strategic Planning
☐ Financial Analysis
☐ Salesmanship

☐ Other _____

_____

6. Please feel free to make any other comments or thoughts you have on marketing.

_____

_____

_____

_____

_____

GENERAL BACKGROUND INFORMATION

7. What was the last grade of school you completed?

- ☐ less than high school
- ☐ completed high school
- ☐ some college
- ☐ completed college
- ☐ graduate or professional degree
- ☐ other, please specify _____

8. What is your sex? _____ male _____ female

9. What community is your facility located in? _____

Thank you very much for your assistance. Please return the questionnaire in the enclosed envelope to:

Kevin M. Fickensher, M.D.
Market Survey
UND Office of Rural Health
501 Columbia Road
Grand Forks, ND 58201

APPENDIX C
Comments

Rural Health Questionnaire COMMENTS

PHYSICIAN

I would most definitely welcome a seminar on marketing, its definition and function. and what big business medicine means to the small operator. "Will we one day all be salaried by Grand Forks Clinic, Dakota Clinic or Fargo Clinic?"

I think is necessary to clarify many misconceptions about marketing. When it is done from a professional point of view, and above all with ethic then should not be major conflicts.

I despise marketing - it's turning health care into a commodity like peanut butter or soap. It is, unfortunately, important to know what it's all about in order to compete, especially for the newcomer into an established field. I assure you that I won't get up at 3AM for a "client" - only for the patient!!!

A necessary evil in modern day health care. Adds to the overall cost of health care and decreases the job satisfaction for the health care professional.

As a member of a clinic I rely on clinic administrators to know marketing in depth.

There is nothing special about the term "marketing". Similar descriptions for this activity are promotional activities, practice strategy planning, needs analysis, etc.

I see the need, don't like it, and am glad I'm old enough to avoid most of it.

Good patient-client relationship most important.

Please see the book - "In Search of Excellence"

There's nothing really new about marketing other than the advertising part. Also, marketing is something we've all been doing as an inherent part of medical practice. However, now that it's been given a name - it's considered "new"- Admittedly, it is more intense in recent years due to competition, etc.

I feel it commercializes the practice of medicine and may detract from quality care.

Common business sense is important in medial practice but as soon as money becomes of primary importance the joy and satisfaction of medical work decreases in proportion.

It is unfortunate in that "business-type" competition will enter medicine. Medicine will suffer regardless whether costs are decreased.

I would not advertise if other MDs would do same and vice versa.

My concept of marketing is the medical community's cooperation with its consumers to provide them with medical care in the most effective manner - NOT competition & advertising for patients.

I think it raises the cost to the patient and has an overall negative effect. The patient recognizes the above. Quality is often poor locally of the advertising.

When the physician's primary responsibility switches from the patient to his "employer", s is happening today, the quality of care (a term we don't hear much any more) must deteriorate* as the entrepreneurs, marketing "experts", health care corporations and their investors demand increased profitability. *especially for the elderly and the poor!

Although important in ?present atmosphere - regular good habits of a good doctor need to be stressed - 1. caring 2. trust 3. honesty 4. best effort 5. time management.

I think advertising is disgusting, financially wasteful and does nothing to promote the excellence of patient care, and in fact, probably hinders it! It is also, I feel, unprofessional and degrading. We have gone the way of the ambulance chasing lawyers!

Too much emphasis is placed on the "business" of medicine. General laypersons health education can solve many of the "problems" of the practice of medicine.

Necessary in this competitive environment. Although I am doing well for now without out.

Student need to have some education in choosing priorities before they start training in marketing which will focus their attention primarily on business-money.

I believe marketing, advertising and competition has unworthily debased the profession.

Marketing is like any other device, it can be put to good purposes(community good) or selfish purposes.

I have answered as best I can with the limited knowledge of marketing that I had. Perhaps with a better understanding of marketing I would answer these questions differently.

I have no interest in it, but I know it is extremely important.

I have been in practice over 45 years and I am in no position to make any comments.

It's overdone - but it's here!

I feel that marketing cheapens the physician patient relationship while adding an operating expense ultimately passed or to the patient who is often poorly informed and misled by the _____hullabaloo. Unfortunately, except in a very small stable rural area it would be difficult for a physician to develop a practice in the current environment without this necessary evil.

Why don't you define "marketing" so we can be sure we're talking about the same thing. Without this, this survey is of little value.

In my humble opinion it is difficult for me to understand why CASH FLOW is not the #1 concern of most people in business. Dr. - Dr. relationship is even more important than the eights items in (5). People fail to realize that auxiliary services take a lower place to staff and DRS/ relationships. From this central point of focus, the spread is centrifugal.

Marketing should be a direct approach to stating facilities available and not the silly "Medi bears" - "birth places" etc.

First need product to sell. We need more_____then market our product.

Increases cost of health care.

Reorganization of Health Care is a reality in the country but urban and rural health issues must be consideration.

When techniques of commerce are used by a learned profession, the services are debased to the level of a commodity. When doctors behave like merchants, they will be treated like merchants. Doctors have made merchandise of knowledge, skills and patients. The courts now make merchandise of doctors.

Most of what has been done in the _____has been done badly.

It's a sad state that we ex-professionals are now marketable commodities.

I feel with the networking by Dakota and FC rural health care will improve.

Marketing is a necessary evil but minimizing advertising is mutually beneficial to physicians and patients because advertising has a long history of falsehood, exaggerated and misleading claims; we don't need to resort to jingling misrepresentations unless we wish to stoop to the level of the marketplace where "all's fair" and "whatever the market will hear".

Some "marketing" necessary - _____away from "patients" to "customers" and "clients" make us businessmen and not professionals - very demeaning. Emphasis on profession must be SERVICE not ECONOMICS."Marketing" _____a negative and demeaning force - especially as conceived by "marketeers" - we professionals need to use great care in being sold on what "they" have to offer which is mostly "hype" and not substance.

Marketing suggests selling - selling does not coincide with my concepts of patient-physician relationships.

Its probably a necessary evil but it will definitely continue to erode the already hopeless situation in the truly rural areas which no new physician (even the ____ _numbered UND grads who actually become GP's) wishes to enter.

P.S. - I very strongly feel that the N.D. medical school is a failure regarding the productions of family practice orientated graduates who are actively able to function in a rural setting.
All the students we have had actively express a fear of the responsibility of going it alone in the _____. The 9-5 attitude is even taking over in medicine.

Distasteful but unavoidable; it's so sad to know of such great need for health care around the poor areas of the world and see health organizations competing for patients here. Shameful!

Good marketing principles in health care are more related to patient relationships rather than advertising.

Competitive marketing as done in this area is disgusting many older patients, but is very effective in the under 40 year old group. I am alienated by the divisions at causes in the medical community.

Marketing in medicine is limited by the fact that there is little reason for well persons to use our product.

The idea of advertising - marketing goes against me - Don't like it.

I think the present trend in "marketing" has been harmful to the healthy profession, did cost the patients more money and hopefully will not survive.

"Marketing"will reduce the practice of medicine to the level of used car franchise with about the same degree of integrity.

I don't really know enough about marketing to voice an opinion as my ambivalent and undecided answers may indicated. I think it can be a very valuable tool and a much misused tool depending on how ethical and scrumputous the marketings are and whether the goals center around more making or appropriate services. We all need to "Sell" sometimes whether in the community or within our institutions, an idea, service, program or whatever.

I am in a large clinic and leave marketing to administration. I can't even keep up with necessary medical priorities.

It's a bunch of shit. (feces?)

Marketing a practice is not in the best interests of patient care but it is a reality. I also feel very small rural facilities are not viable if left free-standing. Marketing will not saved a sinking ship.

We have professional associated with our clinic who advise and run our marketing.

Everyone markets everyday, unconsciously. Medical marketing should be limited to quality medical practice.
A very disturbing and ominous trend!

There is so much today about marketing but first the basic functions of the clinic must be in good shape. Only then can you plan and implement various marketing projects.

Any marketing beyond indicating services available is obnoxious, insulting to the public and a waste of health care dollars.

Are providers better than concerned doctors? Are customers more valuable than patients?

A necessary evil that is now here to stay - raises the cost of medicine and puts money in advertisers pocket.

If health care professionals treated their patients with the zeal they show for advertising and marketing the recipients (patients) would become the best source of medical practice referrals and the patient would be much happier.

I am scheduled to go to a marketing course next month.

Medicine did not prepare me for office practice which is meant to improve your effectiveness and to speed building of a practice.

Marketing must be careful to communicate the needs of the patients which can be properly met by the marketing organization to the patients best interest.

Medical schools have traditionally given much too little attention to the merchandising of health care. I discovered the importance of this early in my career.

Courteous, caring, competent patient care should be the basis of medical practice.

It's here for better or worse -- so we might as well get as good at it as possible.

I feel that marketing is important to allow the populist to perceive the resources of medicine available to a community to best utilize those for their personal needs.

Patients assured of the conscientious efforts of hardworking physicians will take care of any "marketing" problems.

All the hospital advertising, has been shown in a recent study to only confuse the patient. It certainly adds to the cost of care.

I answered this thinking of marketing as successful practice management - not advertising.

Strongly dislike about physicians, clinics and hospitals advertising and trying to outdo one another. Medicine used to be a noble profession, but has slipped a lot. Would not choose today to go into the medical profession.

It's too bad that the medical community has to advertise -- the general public doesn't like it.

To the extent that marketing, with its research components effectively pursued, provides the services that the public perceives as the greatest need, then health care will be positively served. Marketing is not simply advertising.

Where oh where has the art of medicine gone?

I received two surveys - one as a physician and one as chief of staff. I don't see the need for duplicating.

Saturating of the market necessitates the concept of "marketing" - I wish it were not so.

Marketing ("advertising") has caused the depreciation of the professional to the level we see today and lead to mistrust, lack of respect and confidence in the patient's view of all health professions. "We'd have been better off to have retained our dignity!"

It seems to me that marketing - undertaken in a systematic and responsible way- is a major key to success for health care professionals and institutions, given our current (and future) competition environment.

Increasingly necessary part of health care delivery - all point relationship and education is essentially marketing.

I don't agree with it.

This impresses me as an almost irrelevant subject.

It will increase the non-medical costs of health care. Also, marketing is not as necessary in a rural medical practice.

I believe it is a fad right now but will be an unfortunate extra cost in the health care delivery system for some time to come.

Marketing is becoming necessary to the practice of medicine because of current practice, however, do not believe it has helped status of physicians or improved quality of medical care. Has in fact had a negative effect on both.

Should be subtle rather than overt.

The term marketing needs definition. I believe it should mean an honest, clear exposition of what can be offered and what can be expected to a future or possible clientele.

The best marketing tool in medicine is good doctor-patient relationship and subsequent word of mouth -I'd much rather have one of my patients refer one another than an ad in the paper.

Marketing is not new - we who have been in medicine for some time have "marketed" ourselves and our services for years, but of course we never called it that. Newer techniques are highly essential to the survival of medicine in its present form. It is tragic that medicine had to be hit in the pocket book to make us realize it. Good luck _____!

For medical profession: should be education (accurate) only -and very, very, sparse!

Recommended for certain professionals.

Being 65 and nearing retirement - the whole concept of "marketing" leaves me cold. We old dinosaurs were brought up when medicine was a profession and not just another business.

Terrible that the cost is afforded by profits from lab, pharmacy, x-ray; that profit used to belong (rightfully) to hospitals to help defray some necessary financial losses they bore and helped keep rates down.

"Service to people" is the basic concept in each profession and you should gear to this goal in order to be successful.

I wish medicine had never heard of marketing!! As noted before I do not believe marketing has been a plus for the patients or health professionals.

Properly and ethically performed, it can augment and improve quality of care, availability of care and cost in a state such as North Dakota. More concerted (organized) attention should be given by HPC and other such groups.

The medical profession has become a cash cow for the _____people - all because of greed. This is becoming a thing of the past. It's a sad commentary on us all.

The value of your questions will be inconsistent depending on each individuals definition of marketing (writing a quality letter to a referring physician is much different than a newspaper ad) - and marketing to whom (patients, referral sources, hospitals, etc.) Your questions imply an equation of advertising with marketing which bias' my responses. Good marketing (without advertising) has always been essential to a successful private practice.

Economic incentives must be developed to maintain the independence of small town physicians. Monopolization by large health care organizations is bad for the patient, doctor, community and health care.

PHYSICIAN - CLINIC/BOARD MEMBER

If marketing means better patient care, in sphere of concern, educational material, availability cost to patient etc. then I believe it is highly desirable. Aim should be better health for people. I suspect the term means an opportunity for professional to survive, better their own competition even to the point of driving that competition to extinction and for self enrichment. In this instance I do not approve of marketing.

There is no better form of advertising or marketing than a satisfied patient-which doesn't come from fancy slogans, gimmicks, etc. but personalized health care.

Being a HUMAN being, helping, being kind, generous, understanding, warm hearted, tolerant are much more important qualities of a physician in a _____community than all the marketing in this world. Marketing etc. maybe good at the urban or large cities area, but NOT at the SMALL rural community area.

Nurses know about marketing but DO NOT KNOW how to start an IV or check that a Foley catheter is blocked and _____a distended bladder!!! and do not know why the patient is in pain! My impression is that many nurses or doctors or administrators today know more about marketing, but know less practical medicine. They know the book, the _____, the b____ but do not know how to vie an enema. The aids do not know much about the bureaucracy but are shoved by the patients because of their need _____nursing care of everyday.

This does not belong in my generation.

The most important key to successful medical marketing is having well trained, caring physicians who are paid decent salaries and are given time to take good care of their patients with as little interference from administration as possible!!!

Marketing in our community makes K-Mart look like a newcomer.

PHYSICIAN - ADMINISTRATOR

Health professionals need "ability, offability, availability, and affordability" Avoid arrogance - forget their ego's.

Medicine would be better off without marketing but it is here to stay and in "spades".

PHYSICIAN - PUBLIC HEALTH OFFICIAL

Unfortunately a physician or a group of them cannot rely on reputation alone anymore. He/they now have to compete with the big outfits that are marketing all over the area.

I long for the good old days when a group would get together for journal club instead of a financial strategy meeting. I'm not as old as that might make me sound.

PHYSICIAN - HOSPITAL - BOARD MEMBER

I wish marketing was included when I was in medical school.

Marketing is important and must be accomplished in good taste and always be completely truthful in its content.

In the days of "Robin Hood" _____physicians, the haves paid for the have-nots. Third party and government payments changed that. When labor asked management to pay for health care - management wanted more for their dollar. Hence HMO & PPO. Anyone who doesn't compete_____marketing will be pure but out of business.

PHYSICIAN - CLINIC AND HOSPITAL - BOARD MEMBER

Marketing - Advertising despite what managers say

see above!!!
Marketing in N.D. amounts not to capturing a market but essentially "stealing" patients away from another physician and community which means in most areas we have too many MD's.

Alluded health expanding and hospitals marketing taking over many ares of physicians practice and further _____the traditional M.D. care, but so be it! I don't know if its good or bad in so far as patient care is concerned.

Some patients have remarked that full page hospital/clinic ads are irritating and waste of medical dollars.

PHYSICIAN - RESEARCHER

Advertising, cost control, litigation and marketing are decreasing the overall quality of medical care.

PHYSICIAN - TEAM PHYSICIAN - SPORTS PHYSICIAN

I graduated from college with a degree in marketing from UND and am the busiest physician in our clinic.

PHYSICIAN - INTERMEDIATE CARE FACILITY

attached letter -

Dear Sirs:

Regarding the enclosed form.

In communities no bigger than we have in Northwestern Minnesota or North Dakota, the reputation of a medical facility is established by word of mouth from patient to patient and appearance of the facility.

Business school graduates are of the assumption that advertising is what builds practice. I am sure this is complete erroneous as far as making a simple statement about "to X hospital". However, with the money given the media to advertise a facility, a change is taking place in the reporting of medical activities. There was a time when newspapers would report on doctors who would practice in small communities and give them credit for what they did. Now because their pockets are lined by business, the media endeavors to convince their viewers or readers that their advertisers and their facilities are superior to any facility around and if you were to believe them superior to any in the world. This cost is passed on to the patient. If consumer groups knew what they were doing, they would demand an end to medical advertising.

Sincerely,

DIRECTOR OF NURSING

More focus on long term care as essential part of health care, stressing needs and appropriateness in conjunction with acute care.

Marketing health care has the potential for improving health care through competition. Allows the client(s)to choose the option(s) best for their situation and allows for identification and provision for health services needed in a particular community more effectively through study, planning, implementation (marketing) and evaluation of programs with revisions.

Marketing - it's here within the health care field in both urban and rural health care settings and I foresee an increase in health marketing practices in the near future. I feel programs on marketing are necessary to educate those of us in the health care field.

Results of this survey should be offered to those surveyed.

I feel if you're going to make it now, you have to be very price conscious - It used to be "the more you'd spend the more you'd get in return",but it isn't that way anymore.

I don't really understand marketing as applied to all health fields, but long-term care certainly needs to be sold to the public. We do give good care, and that needs to be publicized to counteract the bad publicity so often heard from the media.

I do feel that marketing is an important part of the health care business however, facilities need to make sure that what they claim they do they can deliver.

At first, when I'd hear the two hospitals in Bismarck advertising and competing I thought it "cold and heartless" - but the "charity or charitable" institution can't survive, these days, without "pushing" themselves - Marketing a proper term for it.

Many rural health care providers need their thinking readjusted to accept a feasible marketing program as a survival tactic.

I feel that cooperation between health institutions is far more important to reducing health care cost than competition. I think duplication of services should be avoided and more emphasis should be placed on providing the best expertise at the lowest cost. In rural N.D. this would be best done by _____ the health services. I fear that marketing tends to foster competition rather than this cooperation.

We have a large elderly population to serve. Understanding the DRG - PRO system has been difficult - and yet serve this segment of population with reassurance of health care.

The survival of small rural hospitals depends on our ability to meet the challenge of providing for the ever changing needs of the individuals in our communities.

Marketing is important for health care as for any "business". I don't feel we should over-emphasize it to the extent that we lose touch of the real reason we exist--that being the health and welfare of our patients.

You still need to provide quality care or all the marketing type will do no good!!!

Marketing should be directed toward educating public as to services available but not of competitive nature!!

I think that the average health care professional feels that they know more about marketing than they actually do - I think that the most important item in marketing is to have friendly, knowledgeable staff that project a warm attitude to the patient.

Marketing has its place, but I feel here is too much emphasis being put on it and this will gradually lessen the quality of health care in many areas.

I feel marketing will have much more influence in the health care field in the future but I don't necessarily feel it is for the benefit of the patient.

I disagree totally with the concept of using advertising in health care - hospitals, nursing homes and clinics.

I feel marketing is very important if you are going to make it in the health care field as reimbursement is no longer based on "the more you spend, the more you'll get back."

DIRECTOR OF NURSING/PUBLIC HEALTH

Increasingly more necessary to have these skills to survive in this competitive society.

I use the term "client" always in my work (under m).

I feel it is very important - however, I feel the cost reflects back to the patient in a raise in the cost of services.

Have never had to use it. Would prefer that public health stay the way it is. I'm much too busy to try and spend time selling my work. Word of mouth and good care work best for my county.

DIRECTOR OF NURSING/HOME HEALTH

Marketing to me is getting out there and being visible - helping elderly especially as many of them are the ones suffering for want of care due to DR G's many times lack of knowledge.

DIRECTOR OF NURSING - HOSPITAL/BOARD MEMBER

I believe people generally equate marketing with advertising - After hearing Dr. Elbert's talk there is a lot of educating to be done if Marketing is to be fully utilized in the rural communities.

HOSPITAL ADMINISTRATOR

Good marketing is the keystone to constant patient volume.

Needed to survive in todays health care environment!

I still have a problem with "marketing" in spite of acknowledging what is happening in the industry. My checks in the "undecided" boxes really indicate my "feelings" about the questions.

Any program must be of top quality.

A balanced combination of the many aspects of health care is what is necessary, all looking to marketing.

1. What is the definition of salesmanship? #4d
2. If marketing is satisfying wants and needs then nurses already have good training. #4f

I strongly believe in the benefits marketing can have on an institution. However, hospital boards only see marketing activities as an expense and have a hard time grasping its function and purpose.

Is essential to a successful hospital operation.

HOSPITAL/NURSING HOME ADMINISTRATOR

Marketing needs a better transition into health care by changing the terminology so not perceived to be "selling cigarettes". Informational sharing with public most important.

HOSPITAL - CHAIRMAN OF THE BOARD

I believe marketing is being over done by big medical centers and I don't think it gives us better medical care.

HOSPITAL - BOARD MEMBERS

I have a lot to learn - and do feel lost with todays needs -but feel it is a very definite part of medicine today especially from a management role.

Marketing is extremely important today in the health care field to determine patient's (clients) needs and to respond with the best quality of care in the most cost effective manner.

I don't agree with the concept, but is seems that marketing is here to stay-unfortunately.

Need an excellent person in marketing and everyone must be pushing for it. Can't sit still.

I feel marketing plays an important role in the success of a rural hospital.

The average person in this community is much better informed and inquisitive and sophisticated, therefore marketing and advertising is very important to the success of the professional.

Keep it simple!

I am alarmed at the full page advertisements which appear constantly in the Bismarck Tribune. Such high cost advertising can only be paid for with increased patient's costs. The birth announcements by Medcenter One are "cute" but unnecessary and costly. Marketing is necessary, but at some point people are turned off when service providers constantly bombard us.

Has to be designed to be educational rather than impulse driven. The consumer will be more comfortable with a full knowledge of process. Very important.

Marketing - an analysis of consumer wants and needs followed by a structured and planned approach to serving those needs and wants with a mechanism for continued consumer input on the delivery of service is essential for any health care provider in today's environment.

We need assistance in finding additional ways to use our physical plant, equipment & personnel to make whole operation more efficient and profitable.

Marketing health care sounds rather crazy to me, opinions on care needed, yes, but trying for the best bargain of care needed???? That's not my bag.

Regarding number 5 I feel financial analysis and advertising are important to have a planning process then use human resources to tell the story. Joint ventures is another type of marketing.

In our community we are considered part of the market of Thief River, Grand Forks, and Fargo. These organizations are actively advertising through the mail, newspaper, as well as advertisements in various business places. The Fosston Hospital has had to become active in marketing to compete with these groups in competition for the patient. For instance Fargo Radiologists limited are coming through with mammograms for $50; ours are more expensive than that.

I believe marketing should happen but it isn't easy to impact a rural area when they self-refer out or the physicians refer them out of town.

I feel the doctors must sell their hospital and work to support it with patients.

I worry about big clinics - Hospitals, etc. treating patients like cattle-bedside manner is important.

In a small rural community marketing is the key to surviving.

A good marketing plan will help greatly to identify existing needs and lead to better rural health care.

Marketing is an assist after many other essential business parties are in place. In other words, you must have something to market - In the rural areas, sophisticated marketing could "possible" overcome small town rivalries and jealousies. These thoughts are based more on hindsight than foresight.

Re: #4 - I would prefer to see networking arrangement that enable rural facilities maintain autonomy while being mutually beneficial.

Health care marketing should employ less advertising. Clients and customers are concerned with costs and perceive the ads and pamphlets as part of the cost. It appears unprofessional to be competing. Prompt, courteous and caring service, I believe to be the chief marketing tool for health care facilities.

We are heavily into marketing our board is unanimous. While all phases of marketing are important the most important is treating the customer the way they want to be treated once you get them to the institution. The Docs are all tough to educate.

If there is one area I feel needs improvement in Medical Schools it is an intensive course for all students on customer (patient) relations. You can even need that - bedside manner.

While marketing is useful I believe right now the medical profession is caught up in the idea that if you do not market properly you will go out of business. I question whether this emphasis on marketing will not subside. Particularly in small towns you live or fail by your reputation.

I have 255 polled Hereford cattle and farm 10 sections and do my own marketing.

Marketing is essential but of no value if you do not deliver a good product. People relationships are still the most important to any organization.

It's long overdue. Innovation and marketing are the keys to survival. In a small community adequately trained doctors are the most essential ingredient. The practice of medical training has become too specialized to serve the needs of rural communities. Thank God for foreign trained physicians.

I feel that good patient care should be the first consideration. Selling the profession cheapens it in my estimation. Good professional treatment and good hospital care should sell itself without the cheap selling that is appearing in newspapers and on TV.

"Old school" administrators are unwilling and/or intimidated by marketing - a must in order to survive in today's health care climate. It is difficult and frustrating as a board member to deal with his or her reluctance to adapt to current methods of functioning.

I believe both medical and nursing students need more than marketing - sound background in economics.
Patients - clients - are likely to react negatively to "marketing"as too commercial.

I believe marketing,and knowledge of it is essential to the survival of our rural health care facility. I don't necessarily agree that it's good for the people of a community because of the strong competition we now have.

The best product at a competitive price is the target ---- this can only be accomplished by proper planning and having personnel that give their "all" to the patient because they have a complete understanding of what the hospital is trying to accomplish.

I feel that the regional hospitals are spending too much money on advertising and promotion and that such costs have to be reflected in higher costs to their patients. Also it is having a deleterious effect upon the smaller hospitals as they cannot afford to run full page advertisements, publish slick brochures, and retain advertising agencies and marketing consultants.

On-going field - tremendous, continuous function!

The health care industry in tourist areas and rural areas of MN and other rural status are living in the dark ages when it comes to marketing. There needs to be more emphasis on marketing in all phases of the health care industry.

Here in Mahnomen we know the importance of being able to market our facility. When we weren't able to do this, we faced financial disaster.

P.S. -- I'm committed to rural health care and appreciate your efforts to prepare your people.

The expense of marketing should be used to reduce patient care cost. I have never heard a favorable comment on a full page ad in our papers. Locally we hear them referred to as very disgusting use of the hospital money.

Marketing is important but must be in proper taste to still imply to the patient that the health care institution is still a place he can receive high quality medical care.

There appears a very fine-line distinction between public relations and marketing; however, each has its' own definite function. To me marketing is close to advertising - where as public relations must be performed by all - doctors, nurses, dietetics, office and insurance personnel, et. al.

Local population must be constantly reminded of what is available locally through tastefully done marketing. The "bigger or farther is better" concept must be curtailed through effective marketing.

Those serving in an administration capacity need to be kept firmly abreast of the everchanging techniques in marketing. These are in my opinion, key people in the business.

Marketing should include information about quantity and quality of services available by community.

I feel Marketing plays a very important part in the competitive field we are seeing in health care today. We all need to realize this. I would like to see a workshop held on this directed towards educating trustees. Come to Roseau and set one up for the northern area.

Marketing to me means not only advertising or being visible, but offering the best possible medical care for the best possible price - in other words, the product the patient (or client) needs for a fair return to the offering organization.

Drs. must cooperate with Board of Directors, CAO's and directors to help keep rural hospitals open and functioning. Need cooperatives (an associates) of hospitals and also nursing homes for voices to be heard in government and also purchasing power.

The Health Care industry must emerge from the cloak of secrecy that they are "above" marketing techniques associated with Madison Avenue concept. It's a highly competitive - BUSINESS - and survival requires returning to promotion and marketing of services, prices and patient satisfaction and referrals.

I feel marketing of hospitals has been very competitive in our area. And a wasteful tool in medicine. But if it is to be used there should be some education on using it. Both to the patient (client) and hospital employees. Our nursing staff lack this training.
As I've shown in the survey, I'm not real familiar with marketing, but it's something I would like to know more about.

It has descended upon us -- the only real benefactors (in my opinion) are the newspaper, radio stations, T-V, etc. - the visible tools of marketing. There are still the same number of people who need health care in North Dakota - they still will seek competent and caring physicians and health personnel - regardless of all of the marketing which is flooding the medical marketplace.

CLINIC ADMINISTRATOR

Compassionate competition is good in the health care field. Marketing should be done with class and professionalism. Hospitals overdo marketing in Bismarck area, to the point of crassness.

Marketing in order to maintain the high ethical standards within the medical profession and in order for it to provide lasting positive effects upon the target market, should be designed to emphasize patient education, new techniques, and expanded consumer services.
There is a big difference between MARKETING and ADVERTISING. As you well know, marketing involves study, research, segmenting groups, identification of services to specific groups AS OPPOSED TO ADVERTISING. Advertising may be the result of marketing, that is targeting to a specific group, but it is not marketing perse. A lot of the ADVERTISING we are seeing in health care today is simply name identification and has not marketing base. Secondly, hospitals are doing very little in terms of marketing to the physicians who are also the hospital's customer; the two Bismarck hospitals are spending millions marketing to consumers and forgetting the Doctor who is most cases is responsible for which hospital the patient chooses. Again, I think you have to be sure and define the difference between marketing and advertising for this survey.

Competition between health care providers forces the health care industry into utilizing marketing techniques, in order to increase or in most cases retain their marketshare. It's unfortunate that this had to happen for I think the big winner

in the marketing game are those people who are in the business of marketing. (researchers, advertising, medicine, etc.)

Largest single criticism is the difficulty in measuring results of specific programs.

Question 4-D - it can be both but they are different.

Marketing is a function most health care people must realize they need to do - not because they want to, but because they must. Physicians need to realize that marketing is not done to please their colleagues, but is done in order to survive today. Come down from the ivory tower!
My ratings are based on my perception that "marketing" is not advertising per se, but that it starts at the entrance to our clinic. Every employee, para-medical and physician are marketing entities. Systems within the clinic that support6 #5 on the preceding page are vital.

I answered these questions keeping in mind that marketing, or salesmanship, in the medical field is synonymous with patients (people) pleasing. Medical service is a necessary service used **ONLY WHEN** necessary and marketing is not necessary in our field, but offering the best service for the least price is becoming very competitive in light of HMO's, night clinics, etc. The main thrust still remains competent, considerate care of "people" who need assistance at a critical time in their life. Offering the best service possible should be the main objective of any "people service" and if that is marketing I guess I am in agreement - but I do not agree with doctors "advertising". Quality care is the best marketing device possible.

CLINIC - BOARD MEMBERS

I feel it is becoming more and more important in the health care field because all the budget cuts and the pressure on the smaller hospitals especially.

Lawyers, doctors, nurses and professors have lost a lot of their "Halos" in stressing the income phase (we charge - per hour) instead of (how can we help you). At one time they were thought to have a call to help humanity. Let's drop this bit of calling it a profession and call it a good business to be in ---- then advertise and use the best marketing possible to compete.

CLINIC/HOSPITAL - BOARD MEMBER

Because of the financial squeeze of Rural Hospitals it is and will continue to be necessary to be involved in marketing to provide good customer relationship and patient needs to keep the rural territory loyal to a rural hospital.

NURSING HOME ADMINISTRATOR

Our long term care facility uses little advertising, but our residents and staff and services are constantly involved in marketing. With a high occupancy level it is hard to justify large budget lines for marketing. We do believe in, "telling our story," in many various ways throughout our service area.

Refer to "o" rural health facilities better start telling their story or this will be true in the near future.

I hope you will a) develop seminars on marketing health care at centrally located places in North Dakota. b) that at least one seminar will be designed for, advertized as, and give practical help to, novices in marketing of health care.

Medical students need to be taught general business and marketing operations. It is alarming to find how little these people know about one of the most important aspects of their futures. Medicine is more than clinical work today.

No advertising for hospitals should be allowed.

The cost of health care goes down when facilities can operate close to maximum capacity, this spreads out the impact of fixed costs.

I have read about some marketing strategies that would zero in simply on the private pay sector and leave the medical recipients to those who have to accept. As a non-profit religious organization, we could not accept that philosophy.

I agree that advertising, public relations, and salesmanship are components of marketing; I disagree that they are the same thing. The marketing angle is the short/long term value the consumer will achieve by utilizing a certain product or service. This is shown in long term care by building design; resident choices vs. "Facility Routine", ancillary services, etc. Amenities becomes a key word vs. just running adds that play on the benefit that basically still rests on the seller. Thank you so much for your concern about rural health care. Please let me know if I can be of any further assistance either personally or professionally in your research or delivery services. I am glad that you are cognizant of our needs, and working on addressing responses to them.

The value of marketing is to bring a level of awareness up on the part of potential consumers of services available, not to sell concepts when the services are not available or saleable.

Marketing will be an effective tool to use if the entire staff is aware of your strategies so you are not working against each other.

Excellent care and services will do more than marketing -- However, all staff must have the ability to be P/R representatives. The public also must be informed.

The best marketing tool is a good reputation for providing compassionate, caring health care that provides good medical care along with social and spiritual back-up.

Every organization needs a piece of the pie. The future is making no insuring that the consumer not only knows about your facility but what goes on within it.

I do feel appropriate areas of service need to be identified. I strongly disagree with Fargo competing with Jamestown and Bismarck for _____.

NURSING HOME - PRESIDENT - BOARD OF DIRECTORS

Advertising demeans the entire health care system.

My prime concern is always the good of the resident already in the home. Marketing is a relatively new fact of life to us now the "filling of beds" grows more competitive. The word "marketing" may be the most accurate but it still seems like the candy coating and appeal of far less importance than the resident who lives in the home already.

Marketing should, first of all, reflect a worthwhile product, which can, honestly, be enthusiastically made known to customers who would benefit from the product.

Having served on the board of directors for only one year answers checked reflect my feelings toward our local facility (which I feel is administered finely) rather than a much broader view of the health care.

This is a waste.

My feeling is that health care has become more concerned about money/finances/etc. than about the true needs of patients. I do recognize, however, the importance of good business and management policies just in order for health care facilities to survive financially.

I question why I was selected to receive this questionnaire. When one is not knowledgeable about marketing, nor is one an authority on health care, she finds it difficult to answer questions on these subjects. Sorry!

PUBLIC HEALTH OFFICIAL

For Public Health to survive marketing of the services is essential. The public needs to know what services are available to them and by whom - the public needs to be aware of all the health care choices of which are available to them. Public Health Services is one of the best kept secrets in the state of North Dakota and possibly throughout the nation - we need to let the secret out!
Marketing is very important at this time but it must be done correctly or it can cause more problems than it helps.

I'm afraid marketing is here to stay. I do not agree this is in the best interest of patient care. Those with best advertising/marketing skills will survive but may not be the best care givers or best prepared.
It's a whole new field in the health field and should come on gradually so clients do not develop a thinking of a less status of health professional.

HOSPITAL ATTORNEY

Cost of marketing, as perceived by public is important because consumer must pay his share and marketing should be "what service we can provide to quality of service" rather than advertising and jingles.

MISCELLANEOUS

University School of Nursing

Great need to be articulate about what it is that is being marketed.

Marketing procedures and methods are needed. A concern would be that it be done competently and with integrity.

I think our best form of advertising or marketing is satisfied patients referring their family and friends to us - _____satisfied patients are the worst marketing tool.